



Dear Employee,

The state of Iowa, Department of Human Services, Central Abuse Registry, requires the employee to complete the attached Authorization for Release of Child and Dependent Adult Abuse Information form, for purposes of making employment decisions to any organization working directly with children.

Please open link and complete this form as follows:

<https://dhs.iowa.gov/sites/default/files/470-3301.pdf?092020191434>

- Please PRINT or TYPE, no cursive handwriting
- Use only BLUE or BLACK ink

Enter the following information for Section 1:

- Requester – Last- **Specialist** First- **HR Compliance**
- Agency Name-**Prince William County Schools**
- Telephone Number – **(703)791-8958/8382**
- Address – **14715 Bristow Road**
- Fax Number – **(703)791-8848**
- City – **Manassas**
- State – **VA**
- Zip Code – **20112**
- Email - compliance@pwcs.edu
- PRINT your Last, First and Middle Name, DOB and SSN
- List your current Address to include County, State and Zip Code
- List your maiden name, previous married names, and any alias if applicable
- Read the release statement and sign/date the form

Bring this form, along with all completed documents, to your Employment Processing appointment with PWCS. This form will be submitted to the Iowa Department of Human Services, Central Abuse Registry on your behalf.

If you have any questions on this matter, please contact us directly at (703)791-8958/8382.

Sincerely,

Compliance Specialist
Human Resources Department