



STATE OF IOWA

KIM REYNOLDS, GOVERNOR
Adam Gregg, Lt. GOVERNOR

DEPARTMENT OF CORRECTIONS
JERRY BARTRUFF, DIRECTOR

IOWA STATE PENITENTIARY
PATTI WACHTENDORF, WARDEN

AUTHORITY FOR RELEASE OF INFORMATION

PLEASE PRINT: Fill in complete name, including middle name. Do not use initials or nicknames. Provide any former names you may have used, including maiden or married names.

NAME: Social Security #:

Company Date of Birth:

CURRENT ADDRESS:

[Blank lines for address]

State of Permanent Residence

Work Number (Days)

Telephone Number (Evenings)

I hereby authorize you or your designee to release information concerning me, whether on record or not, to the Iowa Department of Corrections or any of its institutions for a period of one year following the date on this form. I also release any individual, partnership, or corporation and their officials, agents, and employees from any liability for any damage whatsoever for issuing such information.

A photocopy of this authorization is considered as valid as the original.

I affirm that all the information provided here is complete and accurate. I understand that any false or incomplete information or entries may disqualify me, and if false information is discovered after employment, it may lead to my termination.

Signature/ DATE

Signature of Witness

E-Mail this form to: jill.johnson@iowa.gov

The mission of the Iowa Department of Corrections is to:
Advance Successful Offender Reentry to Protect the Public, Staff and Offenders from Victimization.

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