

IOWA DEPARTMENT OF PUBLIC SAFETY

Authorization For Release of Personal Information and Acknowledgement of Understanding

I, _____, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the Iowa Department of Public Safety whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of records of educational institutions; financial or credit institutions, including loans, the records of commercial or retail credit agencies (including credit reports and/or ratings) and other financial statements of records whenever filed; medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners and the U.S. Veteran's Administration; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by me or against me and the recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest.

I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. I further release the Iowa Department of Public Safety from any and all liability which may be incurred as a result of collecting such information.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

I have read and fully understand the contents of the application materials including the *Iowa Code* Chapter 80A and 661 *Iowa Administrative Code* Chapter 2 which regulate the licensing of private investigative, private security and bail enforcement agencies.

I have read and fully understand the contents of this "Authorization for Release of Personal Information and Acknowledgement of Understanding".

Signature of Applicant

DO NOT EMAIL – SEND APPLICATION FORMS AND FEES TO:

Bail Enforcement/Private Investigative/Security Licensing
Program Services Bureau
Administrative Services Division
Iowa Department of Public Safety
215 East 7th Street, 4th Floor
Des Moines, Iowa 50319-0045