

**Acknowledgement of Receipt
of
Eighth Judicial District Department of Correctional Services
Sexual Misconduct with Offenders Policy**

I acknowledge that I have received the Eighth Judicial District Department of Correctional Services' Sexual Misconduct with Offenders Policy. I further acknowledge that I have been directed to read this document and that I was offered an opportunity to ask questions about the content. I understand that I am subject to and shall be expected to comply with the Policy. Initial by each item:

- _____ I understand the Zero Tolerance policy regarding sexual abuse and it has been explained to me.
- _____ I have been trained on how to report sexual abuse and given the names of 8th District staff to whom a report shall be made.
- _____ I understand on my responsibilities under the Eighth Judicial District Department of Correctional Services Sexual Misconduct policies and procedures and PREA standards.

Further, I hereby authorize the release of information regarding:

Name _____ Date of Birth _____
First Middle Last

Last 4 digits of SSN _____

to the Eighth Judicial District Department of Correctional Services for the purpose of identifying potential sexual abuse convictions per the Federal Prison Rape Elimination Act of 2003.

The specific type of information (checked below) to be disclosed is:

- | | |
|---|---|
| <input type="checkbox"/> NCIC active warrants check | <input type="checkbox"/> NCJIS / OPD |
| <input type="checkbox"/> Iowa DCI Criminal Records | <input type="checkbox"/> FBI criminal records |

I understand that this consent is subject to revocation at any time. In any event, it will expire thirty (30) days from the date of this signature.

_____	_____	_____
Print Name	Sign Name	Date

_____	_____
Witness	Date

Return original to: 8th Judicial District, Attn: Vince Remmark, PREA Manager, P.O. Box 1060, Fairfield, IA 52556