

**Acknowledgement of Receipt**

**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 this policy.

Read and 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 8<sup>th</sup> District staff to whom a report shall be made.

\_\_\_\_\_ I understand 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:

- NCIC active warrants check
- Iowa DCI Criminal Records
- NCJIS / OPD
- 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 Signature Date

\_\_\_\_\_  
Witness Signature Date

Return original to:

8th Judicial District, Attn: PREA Manager Gary Peitz, 214 N. 4<sup>th</sup>, Peterson Bldg., Suite 2A, Burlington, IA 52601