

XII(2). Sex Offenders Against Minors

Library Access Application



Contact Information

Name	
IDOC Offender Number	
Street Address	
City ST ZIP Code	
Home Phone	
E-Mail Address	
Employer	
Work Address / Phone	

Documentation

I am submitting the following (current) documentation:

- IDOC Sex Offender Risk Assessment (Static-99) *Required for consideration
- IDOC Notice of Sex Offender Risk Assessment Findings
- DHS CPS Assessment
- Letter of Recommendation / Reference

Background

This is your chance to explain to us why you should be allowed library access (attach additional pages as needed).

Agreement and Signature

By submitting this application, I affirm, under the penalty of perjury, that the facts set forth in it are true and complete. I understand that any privileges granted by the Wellman-Scotfield Public Library can be revoked at any time as per Iowa Code Chapter 692A of Subtitle 1 of Title 16.

Name (printed)	
Signature	