

IOWA DEPARTMENT OF PUBLIC SAFETY  
SEX OFFENDER REGISTRY

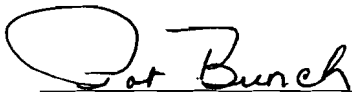
**REQUEST FOR REGISTRY INFORMATION**

Pursuant to 692A.13, Subsection 3., Code of Iowa, this written request is for information on the person with the following name and one or more of the following identifiers – address, date of birth, or Social Security Number:

|                        |                        |        |
|------------------------|------------------------|--------|
| Registrant's Last Name | First                  | Middle |
| Registrant's Address   |                        | Apt.   |
| City                   | State                  | Zip    |
| Date of Birth          | Social Security Number |        |

**Person Requesting Registry Information:**

|   |        |        |       |
|---|--------|--------|-------|
| Bunch   | Pat    | A.     |       |
| Requester's Last Name   | First  | Middle |       |
| Kirkwood Community College, Human Resources, 6301 Kirkwood Blvd. SW PO BOX 2068 |        |        |       |
| Requester's Address   |        | Apt.   |       |
| Cedar Rapids  | Linn   | IA     | 52406 |
| City  | County | State  | Zip   |



Signature of Requester

Signature of Agency Official

Date Agency Date Time

**Results of This Request:**

- Not registered at this date and time.
- Registered - Information provided to requester.