

COPY REQUEST FORM

Section A: Consumer Information

Please complete all fields except as noted.

Full Name: First: _____ Middle: _____ Last: _____

(Check one if applicable): ___ Jr. ___ Sr. ___ Date of Birth: _____

Social Security Number: _____

Full Current Address:

Street Address: _____ Apt. #: _____

City: State: Zip: _____

Phone Numbers (Optional):

Home: _____ Work: _____ Mobile: _____

Current Email Address (optional) : _____

Check here to have your report delivered via email to the address specified above.

Check here to have your report delivered via USPS to the address specified above.

Section B: Authorization Release

Please complete the following release to authorize the copy report.

I, _____, authorize Rural School Advocates of Iowa (RSAI), or their designee, to release a copy of my licensure check report that I have requested.

Signature: _____ Date: _____

Please mail, fax or e-mail this completed form to:

RSAI Licensure Program
1201 63rd Street
Des Moines IA 50311
Phone: 515-251-5970 ext. 2
Fax: 515-251-5985