

**STATE OF IOWA  
NON-LAW ENFORCEMENT RECORD CHECK REQUEST  
FORM A**

ACCOUNT NUMBER \_\_\_\_\_

**TO: Iowa Division of Criminal  
Investigation  
Bureau of Identification  
Wallace State Office Building  
Des Moines, Iowa 50319  
(515) 281-5138  
(515) 242-6876 (fax)**

**FROM:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**Phone #** \_\_\_\_\_  
**Fax #** \_\_\_\_\_

I am requesting an **IOWA CRIMINAL HISTORY** check on:

|  |   |   |
|--|---|---|
| <b>(Type or Print Legibly)</b>                     |   |   |
| <b><u>REQUEST</u></b>                              |   |   |
| <b>Last Name</b><br><small>(mandatory)</small>     | <b>First Name</b><br><small>(mandatory)</small> | <b>Middle Name</b><br><small>(recommended)</small>            |
| _____<br>/ ____ / ____                             | _____<br>_____                                  | _____<br>- ____ - ____  |
| <b>Date of Birth</b><br><small>(mandatory)</small> | <b>Sex</b><br><small>(mandatory)</small>        | <b>Social Security Number</b><br><small>(recommended)</small> |
| _____<br><b>Signature of Requester</b>             |   |   |

***There is a separate Form "A" required for each last name submitted***

|   |  |
|---|--|
| <b>(DCI Use Only)</b>                                 |  |
| <b><u>RESULTS</u></b>                                 |  |
| As of _____, a Name and date of birth check revealed: |  |
| CCH record attached <input type="checkbox"/>          | No CCH record found <input type="checkbox"/> |
| DCI initials _____                                    |  |

**WAIVER**

I hereby give permission for the above requesting official to conduct an Iowa criminal history record check with the Division of Criminal Investigation. Any information maintained by the DCI may be released as allowed by law.

|                           |                      |
|---------------------------|----------------------|
| _____<br><b>Signature</b> | _____<br><b>Date</b> |
|---------------------------|----------------------|