

(Applicant – fill in highlighted information only)

# IOWA HEALTH CARE FACILITY (135c) RECORD CHECK

## Form C

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:

(TYPE/PRINT LEGIBLY)

### REQUEST

**Last Name**

(mandatory)

**First Name**

(mandatory)

**Middle Name**

(recommended)

**Date of Birth**

(mandatory)

**Sex**

(mandatory)

**Social Security Number**

(mandatory)

\_\_\_\_\_  
Signature of Requester

**There is a separate form "C" required for each last name submitted**

(DCI Use Only)

### RESULTS

As of \_\_\_\_\_, a Name and date of birth check revealed:

**CCH Record Attached**

**No CCH Record**

DCI initials \_\_\_\_\_

### WAIVER

I hereby give permission for the above requesting official to conduct an Iowa criminal history check with the Division of Criminal Investigation.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**