



STATE OF IOWA

Criminal History Record Check Request Form



DCI Account Number: _____
(if applicable)

To: Iowa Division of Criminal Investigation
Support Operations Bureau, 1st Floor
215 E. 7th Street
Des Moines, Iowa 50319
(515) 725-6066
(515) 725-6080 Fax

From: _____
Signature Healthcare
14225 University Ave. Suite 130
Waukee, IA 50263
Phone: 515-252-0000
Fax: 515-276-5506

I am requesting an Iowa Criminal History Record Check on:

1. Last Name (mandatory) 2. Maiden Name	First Name (mandatory)	Middle Name (recommended)
Date of Birth (mandatory)	Gender (mandatory) <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number (recommended)

Waiver Information: Without a signed waiver from the subject of the request, a complete criminal history record may not be releasable, per Code of Iowa, Chapter 692.2. For complete criminal history record information, as allowed by law, always obtain a waiver signature from the subject of the request.

Waiver Release: I hereby give permission for the above requesting official to conduct an Iowa criminal history record check with the Division of Criminal Investigation (DCI). Any criminal history data concerning me that is maintained by the DCI may be released as allowed by law.

Waiver Signature: _____

<p style="text-align: center;"><u>Iowa Criminal History Record Check Results</u></p> <p>As of _____, a search of the provided name and date of birth revealed:</p> <p><input type="checkbox"/> No Iowa Criminal History Record found with DCI</p> <p><input type="checkbox"/> Iowa Criminal History Record attached, DCI # _____</p> <p style="text-align: center;">DCI initials _____</p>	(DCI use only)
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