

State of Iowa
NON-LAW ENFORCEMENT RECORD CHECK REQUEST
FORM A

ACCOUNT NUMBER DHS

**TO: Iowa Division of Criminal
Investigation
Bureau of Identification, 1st Floor
215 E 7th Street
Des Moines, Iowa 50319
(515) 281-4776
(515) 725-6080 (fax)**

FROM: City of Grimes

Phone # _____
Fax # _____

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

(Type or Print Legibly)

REQUEST

_____ Last Name (mandatory)	_____ First Name (mandatory)	_____ Middle Name (recommended)
_____ Date of Birth (mandatory)	_____ Sex (mandatory)	_____ Social Security Number (recommended)

Butt Barber - City of Grimes
Signature of Requester

There is a separate Form "A" 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 found

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.

Signature _____
Date