

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

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

TO: Iowa Division of Criminal Investigation  
Bureau of Identification, 1st Floor  
215 E. 7th Street  
Des Moines, IA 50319  
(515) 725-6066  
(515) 725-6080 (fax)

FROM:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone# \_\_\_\_\_

Fax # \_\_\_\_\_

I am requesting an IOWA CRIMINAL HISTORY check on:

*(Type of Print Legibly)*

**REQUEST**

\_\_\_\_\_  
**Last Name**  
(mandatory)

\_\_\_\_\_  
**First Name**  
(mandatory)

\_\_\_\_\_  
**Middle Name**  
(recommended)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Date of Birth**  
(mandatory)

\_\_\_\_\_  
**Sex**  
(mandatory)

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
**Social Security Number**  
(recommended)

\_\_\_\_\_  
**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**