

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

<p>TO: Iowa Division of Criminal Investigation Bureau of Investigation Wallace State Office Building Des Moines, IA 50319 (515) 281-5138 (515) 242-6876 (fax)</p>	<p>FROM: ISU – HS UTEP Licensure 0133 MacKay Hall Ames, IA 50011-1125 (515) 294-7004 (515) 294-6467 (fax)</p>
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I am requesting an IOWA CRIMINAL HISTORY check on:

(Type or print legibly in ink)

REQUEST

<p>_____</p> <p>Last Name (mandatory)</p>	<p>_____</p> <p>First Name (mandatory)</p>	<p>_____</p> <p>Middle</p>	<p>_____</p> <p>Maiden</p>
<p>__ / __ / __</p> <p>Date of Birth (mandatory)</p>	<p>_____</p> <p>Sex (mandatory)</p>	<p>__ -- __ -- __</p> <p>Social Security Number</p>	
<p>_____</p> <p>Signature of Requestor</p>			

This 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:

<input type="checkbox"/> CCH record attached	<input type="checkbox"/> No CCH record found
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DCI initials _____

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.

<p>_____</p> <p>Signature</p>	<p>_____</p> <p>Date</p>
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