

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

TO: Iowa Division of Criminal Investigation
Bureau of Investigation
Wallace State Office Building
Des Moines, IA 50319
(515) 725-6066
(515) 725-6080 (fax)

FROM: ISU - Teacher Education Services
0133 MacKay Hall
Ames, IA 50011-1125
(515) 294-7004
(515) 294-6467 (fax)

I am requesting an IOWA CRIMINAL HISTORY check on:

(Type or print legibly in ink)

REQUEST

[] Last Name (mandatory)	[] First Name (mandatory)	[] Middle	[] Maiden
[] / [] / [] Date of Birth (mandatory)	[] Sex (mandatory)	[] — [] — [] Social Security Number	

David C. Whaley

Signature of Requestor

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:

CCH record attached No CCH record found

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.

_____ Signature	_____ Date
--------------------	---------------