

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

ACCOUNT NUMBER 9861-F

TO: Iowa Division of Criminal Investigation Bureau of Identification Wallace State Office Building Des Moines, Iowa 50319 (515) 281-4776 (515) 242-6876 (fax)	FROM: City Clerk City of Cedar Rapids <hr/> 50 2nd Avenue Bridge, 3rd Floor Cedar Rapids, IA 52401 <hr/> Phone # <u>(319) 286-5060</u> Fax # <u>(319) 286-5130</u>
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I am requesting an **IOWA CRIMINAL HISTORY** check on:

(Type or Print Legibly)		
<u>REQUEST</u>		
<hr/> Last Name <small>(mandatory)</small>	<hr/> First Name <small>(mandatory)</small>	<hr/> Middle Name <small>(recommended)</small>
<hr/> Date of Birth <small>(mandatory)</small>	<hr/> Sex <small>(mandatory)</small>	<hr/> Social Security Number <small>(recommended)</small>
<hr/> Signature of Requester Diane K. Weimer Christina M. Dicus Wanda L. Miller		

There is a separate Form "A" required for each last name submitted

(DCI Use Only)	
<u>RESULTS</u>	
As of _____, a Name and date of birth check revealed:	
CCH record attached <input type="checkbox"/>	No CCH record found <input type="checkbox"/>
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.

<hr/> Signature	<hr/> Date
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