

STATE OF IOWA Criminal History Record Check Request Form



DCI Account Number: 4409-FC
(if applicable)

To: Iowa Division of Criminal Investigation
Support Operations Bureau, 1st Floor
215 E. 7th Street
Des Moines, Iowa 50319
(515) 725-6066
(515) 725-6080 Fax

From: DENISON COMMUNITY SCHOOL

819 NORTH 16TH STREET
DENISON, IA 51442

712.263.2176

Phone: _____
Fax: 712.263.5233

COMPLETE BELOW INFORMATION AND SIGN

I am requesting an Iowa Criminal History Record Check on:

Last Name (mandatory)	First Name (mandatory)	Middle Name (recommended)
Date of Birth (mandatory)	Gender (mandatory)	Social Security Number (recommended)
	<input type="checkbox"/> Male <input type="checkbox"/> Female	

Waiver Information: Without a signed waiver from the subject of the request, a complete criminal history record may not be releasable, per Code of Iowa, Chapter 692.2. For complete criminal history record information, as allowed by law, always obtain a waiver signature from the subject of the request.

Waiver Release: I hereby give permission for the above requesting official to conduct an Iowa criminal history record check with the Division of Criminal Investigation (DCI). Any criminal history data concerning me that is maintained by the DCI may be released as allowed by law.

Waiver Signature:

Iowa Criminal History Record Check Results

(DCI use only)

As of _____, a search of the provided name and date of birth revealed:

- No Iowa Criminal History Record found with DCI
- Iowa Criminal History Record attached, DCI # _____

DCI initials

Authorization for Release of Dependent Adult Abuse Information

This form must be used to authorize release of dependent adult abuse information when the person requesting the information does not have independent access to it in Iowa law. Complete a separate form for each person about whom information is requested. Send the original to the Central Abuse Registry, Iowa Department of Human Services, PO Box 4826, Des Moines, IA 50305 or fax to 515-242-6884.

To be completed by the person requesting information:

Requester

DENISON COMMUNITY SCHOOL

Address

819 NORTH 16TH STREET

City

DENISON

State

IOWA

Zip Code

51442

Phone Number

712.263.2176

The information concerns:

complete this section

Name (first, middle initial, last)

Maiden Name or Alias (if applicable)

Birth Date

Social Security Number

Address

City

State

Zip Code

County

What is the purpose of your request for dependent adult abuse information?

Employment

I have read and understand the legal provisions for handling dependent adult abuse information that are printed on the second page of this form.

Signature

Date

To be completed by the person authorizing the Department of Human Services to release dependent adult abuse information:

Sign and date

Signature

Date

To be completed by the Central Abuse Registry or designee:

- The person named above is listed on the Dependent Adult Abuse Registry as having abused a dependent adult.
- The person named above is not listed on the Dependent Adult Abuse Registry as having abused a dependent adult.
- This request for information is denied because the form is incomplete.

Signature

Date

Comments:

AUTHORIZATION FOR RELEASE OF CHILD ABUSE INFORMATION

This form must be used to authorize release of child abuse information when the person requesting the information does not have independent access to it under Iowa law. Complete a separate form for each person about whom information is requested. Send the original to the Central Abuse Registry, Iowa Department of Human Services, PO Box 4826, Des Moines, Iowa 50305.

PART A: To be completed by the person requesting information.				
1.	Requester DENISON COMMUNITY SCHOOL			
	Address 819 NORTH 16TH STREET			
	City DENISON	State IOWA	Zip Code 51442	Phone Number (712) 263.2176
2.	The information concerns:			
	Name (first, middle initial, last)			
	Maiden Name or Alias (if applicable)		Birth Date	Social Security Number
	Address			
	City	State	Zip Code	County
3.	What is the purpose of your request for child abuse information? employment			
4.	I have read and understand the legal provisions for handling child abuse information which are printed on the back of this form.			
	Signature			Date
PART B: To be completed by the person authorizing the Department of Human Services to release child abuse information.				
I understand that my signature authorizes the requester to receive information to verify whether I am named on the Child Abuse Registry in a child abuse report as having abused a child (Iowa Code 235A.15). To the best of my knowledge, all or part of the information contained in Part A of this form is correct.				
Signature			Date	
PART C: To be completed by the Central Abuse Registry or designee.				
1.	<input type="checkbox"/> The person named in item A-2 is listed on the Child Abuse Registry as having abused a child.			
2.	<input type="checkbox"/> The person named in item A-2 is not listed on the Child Abuse Registry as having abused a child.			
3.	<input type="checkbox"/> This request for information is denied because the form is incomplete.			
Signature			Date	
Comments				

sign and date