



STATE OF IOWA Criminal History Record Check Request Form



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

Des Moines Public Schools
Attention: District Volunteer Coordinator
 901 Walnut Street
 Des Moines, Iowa 50309

Des Moines Public Schools is requesting an Iowa Criminal History Record Check on:

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

Waiver Release: I hereby give permission for the above requesting official to conduct an Iowa criminal history record check with the Iowa 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 _____