



**STATE OF IOWA
Criminal Justice Agency
Criminal History Record Check Request
Form D**



**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: _____

Phone: _____
Fax: _____

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) <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number (recommended)

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 _____

General Information:

The information requested is based on name and exact date of birth only. Without fingerprints, a positive identification cannot be assured. If a person disputes the accuracy of information maintained by the Department, they may challenge the information by writing to the address on the form or personally appearing at DCI headquarters during normal working hours, Monday-Friday 8:00 a.m. – 4:30 p.m.

The records maintained by the Iowa Department of Public Safety, Division of Criminal Investigation are based upon reports from other criminal justice agencies in Iowa and , therefore, the Department cannot guarantee the completeness of the information provided. The criminal history check is of the Iowa Central Repository only. No other state or federal agency records can be searched under current law.