STATE OF IOWA
Criminal History Record Check
Request Form

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: City Clerk’s Office
City of Cedar Rapids
101 First Street SE
Cedar Rapids, IA 52401

Phone: 319-286-5060
Fax: 888-966-0171

DCI Account Number: 9861-F (if applicable)

I am requesting an Iowa Criminal History Record Check on:

<table>
<thead>
<tr>
<th>Last Name (mandatory)</th>
<th>First Name (mandatory)</th>
<th>Middle Name (mandatory)</th>
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<thead>
<tr>
<th>Date of Birth (mandatory)</th>
<th>Gender (mandatory)</th>
<th>Social Security Number (mandatory)</th>
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<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
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**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:** ____________________________________________  Date __________

**Iowa Criminal History Record Check Results**

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__________

(DCI-77 (08/25/10))

PLEASE MAKE ADDITIONAL COPIES AS NEEDED.