



STATE OF IOWA

Criminal History Record Check Request Form



DCI Account Number: 9745-F
(if applicable)

Mail or Fax completed forms 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

Send results to:

Name West Delaware Co. Comm. School District
Address 701 New Street
Manchester, IA 52057
Phone 563-927-3515, ext. 406
Fax 563-927-2785

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	

Release Authorization: Without a signed release 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 signed release from the subject of the request.

This form (DCI-77) is the only approved release authorization form for this purpose.

Release Authorization: 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. I understand this can include information concerning completed deferred judgments and arrests without dispositions.

Release Authorization 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 _____

**Request for Child and Dependent Adult Abuse Information**

Persons or agencies with authorized access to child or dependent adult abuse information must use this form to request information about a child or dependent adult abuse report. **Complete a separate form for each family or individual** and email to dhsabuseregistry@dhs.state.ia.us, or fax to (515) 564-4112, or mail to the Iowa Department of Human Services, Central Abuse Registry, P.O. Box 4826, Des Moines, IA 50305.

Please specify your type of request by checking the appropriate box below:

☐ Child abuse request ☐ Dependent adult abuse request ☐ Both

Please specify your preferred **method of response** by checking a box and completing the information in Section 1.

☐ Address ☐ Fax ☐ Email

Section 1: To be completed by the person or agency requesting the information.

Requester: Last		First	Agency Name		Telephone Number ()
Address					Fax Number ()
City		State	Zip Code		Email
Relationship to the persons listed in Section 2 or 3:					
Purpose for request:					
State the Iowa Code section that allows access to the child or dependent adult abuse information requested:					
I have read and understand the legal provisions for handling child or dependent adult abuse information which is printed on the second page of this form. I understand that this request will not be approved unless I have authorized access.					
Signature of Requester				Date	

Complete Section 2 if the purpose of this record check is employment, licensing or registration, or payment approval.

Section 2: List the name and address of the person whose record is being checked.

Last	First	Middle	Birth Date	Social Security Number	
Address		City	County	State	Zip Code
List maiden name, any previous married names, and any alias:					

Complete Section 3 if the request is for a copy of the written summary of the abuse investigation or assessment.

Section 3: List the name of the persons for whom you are requesting information. Attach pages for additional family members.

Last	First	Middle	County	Birth Date	Social Security #
Address			City	State	Zip Code
List maiden name, any previous married names, and any alias:					

Section 4: Registry or designee decision.

- ☐ This request for information is approved.
☐ This request for information is denied because:

Signature of Registry or Designee	Date
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**West Delaware County Community School District
Local Criminal Background Check Release**

Last Name First Name Middle Name

Maiden Name, if applicable

Date of Birth Sex Social Security Number

I hereby give permission for the West Delaware County Community School District to conduct a Local Criminal History Record Check with law enforcement agencies in Delaware County. Any information maintained by local law enforcement agencies may be released as allowed by law.

Signature Date

Signature of School Official Date

Faxed Background Check to 927-1027- on: _____

Results

As of _____ a Local Criminal History Record Check revealed:

Criminal History Record(s) attached

No Criminal History Record found

Signature or Initials of Local Law Enforcement Employee