Electronic version of this form available at www.davenportdiocese.org

STATE OF IOWA
NON-LAW ENFORCEMENT RECORD CHECK REQUEST
FORM A

ACCOUNT NUMBER 4003-F

TO: **Iowa Division of Criminal Investigation**
Bureau of Identification
Wallace State Office Building
Des Moines, Iowa 50319
(515) 281-5138 (515) 281-4776
(515) 242-6876 (fax)

FROM: DIOCESE OF DAVENPORT
2706 N GAINES ST
DAVENPORT IA 52804-1998

563-324-1911
563-324-5842 **fax**

Please indicate which parish/school you work or volunteer for:

Organization Name	**Organization City**

I am requesting an **IOWA CRIMINAL HISTORY** check on:

(Type or Print Legibly) **REQUEST**

Last Name (mandatory)	**First Name** (mandatory)	**Middle Name** (recommended)

Date of Birth (mandatory)	**Sex** (mandatory)	**Social Security Number**
/ /		- -

Signature of requester Chas Maaske

There is a separate Form "A" required for each last name submitted

(DCI Use Only) **RESULTS**

As of _____, a Name and date of birth check revealed:

CCH record attached ☐ **No CCH record found** ☐

DCI initials _____

WAIVER

I hereby give permission for the above requesting official to conduct an Iowa criminal history record check with the Division of Criminal Investigation. Any information maintained by the DCI may be released as allowed by law.

Signature	**Date**

Check one: I ☐ am / ☐ am not compensated for my ministry. (A minimal stipend is not considered compensation.)