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

ACCOUNT NUMBER_____

TO: **Iowa Division of Criminal Investigation**
Bureau of Identification, 1st Floor
215 E 7th Street
Des Moines, IA 50319
(515) 725-6066
(515) 725-6080 (fax)

FROM: Youth Sports Foundation
2923 Cedar Street Suite 3
Muscatine, IA 52761

Phone # 563-288-2541
Fax # 563-288-3487

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 (recommended)
___/___/___	_____	_____-_____-_____

_____
Signature of Requester

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

Form No. 595-1489 (4/07)
YSF COMMUNITY: _____ **Position:** _____