STATE OF IOWA

DHS CRIMINAL HISTORY RECORD CHECK

FORM B

TO: Iowa Division of Criminal Investigations
Bureau of Identification
Wallace State Office Building
Des Moines, Iowa 50319

FROM: Rabiner Treatment Center
1762 Johnson Avenue
Fort Dodge, IA 50501

PURPOSE: ☐ Child Day Care 237A.5, 237A.20 ☐ Adoption 600.8(1)(2) ☐ Child Abuse 232.71

☒ Foster Care/Group Foster Care 237.8 ☐ Institutions/Facility 218.13 ☐ Juvenile Homes 232.142

REQUEST

I am requesting an Iowa criminal history (CCH) check on:

Last Name	**First Name**	**Middle Name**
Maiden Name	Sex	Social Security Number
Date of Birth	Signature of Requester **Michelle Hammersland**	

RESULTS

As of_____ (date) a name and date of birth check revealed:

☐ CCH record attached ☐ No CCH record found

DCI Initials_____

WAIVER

(see reverse side)

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

Signature	**Date**

595-1396(8/96)