ACCOUNT NUMBER: 7308-C

IOWA HEALTH CARE FACILITY (135C) RECORD CHECK
Form C

TO:	Iowa Division of Criminal Investigation Bureau of Identification Wallace State Office Building Des Moines, Iowa 50319 (515) 281-5138 (voice – days) (515) 281-4776 (voice – nights) (515) 242-6876 (fax)	FROM: Phone # Fax #	Bethany Life Communities 212 Lafayette Ave. Story City, Iowa 50248 (515) 733-4325 (515) 733-5293

I am requesting an Iowa Criminal History/Dependant Adult Abuse Check on:

(type/print legibly)

REQUEST

X_____ X_____ X_____

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

_____ _____/_____/_____ _____ _____--_____--_____

Maiden Name (if applicable) | Date of Birth (mandatory) | Sex (mandatory) | Social Security Number (mandatory)

_____

Signature of Requestor

(DCI use only)

RESULTS

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

No CCH record found ☐ No record of founded Dependent Adult Abuse ☐
CCH record attached ☐ Dependant Adult Abuse Results sent to DHS ☐

DCI initials _____

WAIVER

I hereby give permission for the above requesting official to conduct an Iowa criminal history and dependent adult abuse check with the Division of Criminal Investigation.

X_____ Signature	X_____ Date