



## Waiver Agreement and Statement

For National Criminal History Record Checks  
as authorized by state legislation or federal statute

Pursuant to the Iowa User Agreement, this form must be completed and signed by every current or prospective licensee, employee, volunteer, and contractor/vendor, for whom criminal history records are requested by a qualified entity under state legislation or federal statute.

I hereby authorize (*Name of Qualified Entity*) \_\_\_\_\_  
to submit a set of my fingerprints to the Iowa Department of Public Safety (DPS), Division of Criminal Investigation (DCI) for the purpose of accessing and reviewing Iowa and national criminal history records that may pertain to me. By signing this Waiver Agreement, it is my intent to authorize the dissemination of any Iowa and/or national criminal history record that may pertain to me to the qualified entity with which I am or am seeking to be licensed, employed or to serve as a volunteer. Furthermore, I authorize the qualified entity to forward this agreement to DCI upon request.

I understand that, until the criminal history record check is complete, the qualified entity may choose to deny me unsupervised access to children, elderly or individuals with disabilities. I further understand that, if applicable, the qualified entity may choose to deny my application or grant me a limited or restricted license until the criminal history record check is complete.

I understand that, upon request and if policy allows, the qualified entity will provide me a copy of the criminal history record check, if any, received on me and that I am entitled to challenge the accuracy and completeness of any information contained in such report. I may obtain a prompt determination as to the validity of my challenge before a final decision is made about my status as a licensee, employee, volunteer, contractor or subcontractor.

I ☐ **have** OR ☐ **have not** been convicted of a crime.

If convicted, describe the crime(s) and the particulars of the conviction(s) in the space below:

I am a current or prospective (check one): ☐ Licensee ☐ Employee ☐ Volunteer ☐ Contractor/Vendor

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

### TO BE COMPLETED BY QUALIFIED ENTITY:

Entity Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Entity Assigned OCA: \_\_\_\_\_

**Please retain this signed waiver for future reference. Do not send to DCI unless requested.**



# STATE OF IOWA

## Criminal History Record Check Request Form



DCI Account Number: \_\_\_\_\_  
(if applicable)

To: Iowa Division of Criminal Investigation  
Support Operations Bureau, 1<sup>st</sup> Floor  
215 E. 7<sup>th</sup> Street  
Des Moines, Iowa 50319  
(515) 725-6066  
(515) 725-6080 Fax

From: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

I am requesting an Iowa Criminal History Record Check on:

<b>Last Name</b> (mandatory)	<b>First Name</b> (mandatory)	<b>Middle Name</b> (recommended)
<b>Date of Birth</b> (mandatory)	<b>Gender</b> (mandatory)	<b>Social Security Number</b> (recommended)
	<input type="checkbox"/> Male <input type="checkbox"/> Female	

**Waiver Information:** Without a signed waiver 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 waiver signature from the subject of the request.

**Waiver Release:** 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.

**Waiver 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 \_\_\_\_\_