

## Criminal History Check Request Form

By submitting this form, you are asking for client's Iowa criminal history record through DCI if one exists. It is the counselor's responsibility to obtain client's signature at the bottom of this request form (or our agency release form) and obtain supervisor's approval before initiating a request.

Prior to requesting a criminal background check, it is an IVRS expectation that the process and reasons for obtaining the information will be discussed with the client in advance.

---

### Counselor Information:

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

Telephone Number: \_\_\_\_\_

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

Reason for Request: \_\_\_\_\_

### Supervisory Approval:

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

### Client Information:

Please fill out as many fields as possible. The full name and each possible alias or alternate last name (such as maiden name or alternate identities, etc.) is always required.

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

List any possible alias or alternate last names/identities including maiden name:

\_\_\_\_\_

Social Security Number \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Male: \_\_\_\_\_ Female: \_\_\_\_\_

### WAIVER FOR DCI SEARCH

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

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date



Iowa  
**Vocational  
Rehabilitation**  
Services