

# Request & Acknowledgement to Conduct Registry and Record Check

## Disclosure Authorization

**Please Read Carefully.** We truly welcome your application with **Iowa Department of Health and Human Services (HHS)**. You are applying for a position whose acceptance will place you in a category of recognized professionals. In pursuit of that excellence we require, as a condition of employment, that all applicants consent to and authorize a pre-employment and/or continued employment verification of their background, including information submitted on their application or resume.

I understand and acknowledge that the Iowa Department of Health Human Services (hereinafter "Department") is required by statute to conduct Child Abuse Registry, Dependent Adult Abuse Registry, Sexual Offender Registry checks and Criminal History Record checks for specific categories of persons who have direct contact with the Department's clients, provide Department approved services for the Department's clients or have access to IRS Federal Tax Information and hereby request the Department conduct such a Registry and/or Record check regarding me.

Information Required for Registry and Record Check				(Please type or print legibly.)
Last Name	First Name	Middle Name	Maiden Name (if applicable)	
Alias (if applicable)	Alias (if applicable)	Alias (if applicable)	Alias (if applicable)	
Date of Birth	Sex	Social Security Number	Reason for Check	
Address				
City		State	ZIP	
Personal Email Address				
Driver's License Number	State Driver's License Issued		Last Name on Driver's License	
<input type="checkbox"/> This is an FTI check. <input type="checkbox"/> This is an initial check. <input type="checkbox"/> This is a renewal or recheck.				

For HHS Supervisors/Managers <b>only</b>	
Position (Official State Title)	Supervisor
Office Name and Address (include city, state, ZIP)	
HHS Division, Region	
Position Number	OCA Code

For HHS – HR Use <b>only</b>
Date Docs Received
Date Docs Received

## Criminal History Record

I hereby request and give permission to the Department to conduct a Criminal History Record check.

**Disclosure:** This document serves solely as a clear and conspicuous written disclosure as required by the Federal Fair Credit Reporting Act set forth in Section 604 (b) to the applicant that a social security number trace, motor vehicle verification, education, previous employment, credit and a criminal background verification may be obtained for the purpose of this employment application. In addition, investigative consumer reports gathered from personal interviews with former employers and other past or current associates of mine to gather information regarding my work performance, character, general reputation and personal characteristics may be obtained for the purpose of this employment application. By the signature below, the Applicant acknowledges that Global Screening Solutions Inc. has made this disclosure.

**Applicant Authorization and Consent for Release of Information:** This release and authorization acknowledges that HHS may now, or any time while I am employed/training, conduct a verification of my education, previous employment/work history, credit history, contact personal references, motor vehicle records, conduct drug testing and to receive any criminal history information pertaining to me which may be in the files of any Federal, State, or Local criminal justice agency, and to verify any other information deemed necessary to fulfill the job requirements. The results of this verification process will be used to determine employment/training eligibility under HHS employment/training policies. In the event that information from the report is utilized in whole or in part in making an adverse action decision with regard to your potential employment/training, before making the adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the law. I authorize Global Screening Solutions Inc. at 4833 Front St., Suite B PMB 448, Castle Rock, CO 80104-7901, telephone number 866-454-2325 and any of its agents, to disclose orally and in writing the results of this verification process to the designated authorized representative HHS. Contact Global Screening Solutions Inc. if you want to receive a copy of our Information Security Policy.

**I have read and understand this disclosure, and I authorize the background verification.** I authorize persons, schools, current and former employers, and other organizations and Agencies to provide Global Screening Solutions, Inc. with all information that may be requested. I agree that any copy of this document is as valid as the original. According to the Federal Fair Credit Reporting Act, I am entitled to know if employment/training was denied based on information obtained by my prospective employer/training program and to receive a disclosure of the public record information and of the nature and scope of the investigative report.

Signature

Date

## Child Abuse Registry

I hereby request and give permission to the Department to conduct a Child Abuse Registry check. I understand that my signature authorizes the requestor to receive information to verify whether I am named on the Child Abuse Registry as having abused a child (Iowa Code section 235A.15). To the best of my knowledge, the information contained in this form is correct.

Signature

Date

**Dependent Adult Abuse Registry**

I hereby request and give permission to the Department to conduct a Dependent Adult Abuse Registry check. I understand that my signature authorizes the requestor to receive information to verify whether I am named on the Dependent Adult Abuse Registry as having abused a dependent adult (Iowa Code section 235B.6). To the best of my knowledge, the information contained in this form is correct.

Signature

Date

**Sexual Offender Registry**

I hereby request and give permission to the Department to conduct a Sexual Offender Registry check.

Signature

Date

The Department will perform the following check **for State-Operated Facilities Only**

**List of Excluded Individuals/Entities (LEIE)**

LEIE is a database providing information to public health care providers, patients, and others relating to parties excluded from participation in the Medicare, Medicaid, and all Federal health care programs.

The Department will perform the following check **for State-Operated Facilities Only**

**Excluded Parties List System (EPLS)**

EPLS is a database which includes information regarding entities debarred, suspended, proposed for debarment, excluded, or disqualified under the non-procurement common rule, or otherwise declared ineligible from receiving Federal contracts, certain subcontracts, and certain Federal assistance and benefits.

**Background Check Information**

Last Name

First Name

Date

Please list all addresses where you have lived, worked, or gone to school during the last **five** years below:

Address

City

State

ZIP

Dates you lived, worked or attended school in this location:

Address

City

State

ZIP

Dates you lived, worked or attended school in this location:

Address

City

State

ZIP

Dates you lived, worked or attended school in this location:

Address

City

State

ZIP

Dates you lived, worked or attended school in this location:

Address

City

State

ZIP

Dates you lived, worked or attended school in this location:

Address

City

State

ZIP

Dates you lived, worked or attended school in this location:

Please attach additional sheets if necessary.



# Iowa Division of Criminal Investigation Criminal History Record Check Request Form



DCI Account number (if applicable)

## **REQUESTOR INFORMATION** PLEASE WRITE CLEARLY

Name (business or individual)

Mailing address (street/PO Box, city, state, zip code)

Phone number

Fax number

Email address

I would like the results sent to me by: ☐ Mail ☐ Fax ☐ Email

I am required to have the results notarized: ☐ Yes ☐ No \*for specific requirements in another country only.

## **SUBJECT OF REQUEST INFORMATION**. Please provide all required demographic information on the form or it will be returned. Multiple names require a separate Request Form and fee.

LAST NAME (required)

FIRST NAME (required)

MIDDLE NAME (recommended)

DATE OF BIRTH (required)

GENDER M, F or Other (required)

SOCIAL SECURITY NUMBER (recommended)

**RELEASE AUTHORIZATION INFORMATION:** Without a signed release 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 signed release from the subject of the request. This form (DCI-77) is the only approved release authorization form for this purpose.

This response only includes public criminal history data. Under Iowa law, most juvenile records are confidential. Confidential juvenile court records cannot be included in this response. A signed release authorization is not sufficient to obtain this information from the DCI. In order to request the release of confidential juvenile records, if any, an application must be filed pursuant to Iowa Code 232.147(18) through the Clerk of Court. Criminal history data concerning convictions for certain juvenile sex offenses can be found online through the Iowa Sex Offender Registry (SOR). Even though some information is available online through the SOR, the actual records for juveniles may still be confidential and cannot be provided. In order to request the release of confidential juvenile records, if any, an application must be filed pursuant to Iowa Code section 232.147(18) through the Clerk of Court.

**RELEASE AUTHORIZATION:** 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. I understand this can include information concerning completed deferred judgments and arrests without dispositions. I understand the signature below certifies the information provided is true and accurate. Furthermore, I understand this is an official statement and record. Any false statement(s) made in this record may result in further action.

RELEASE AUTHORIZATION SIGNATURE

## **FOR DCI USE ONLY**

As of  a search of the information provided revealed:

☐ NO IOWA CRIMINAL HISTORY RECORD FOUND WITH DCI

☐ AN IOWA CRIMINAL HISTORY RECORD WAS FOUND. A COPY OF THE RECORD IS INCLUDED - DCI#

Processed by

## **SUBMIT THE REQUEST/BILLING FORM(S) AND FEE(S) BY ONE OF THE FOLLOWING METHODS:**

**ADDRESS:** Iowa Division of Criminal Investigation  
Support Operations Bureau  
Dissemination Unit  
215 E 7<sup>th</sup> St  
Des Moines IA 50319

**FAX:** 515-725-6080

**EMAIL:** [www.dcirecordchecks@dps.state.ia.us](mailto:www.dcirecordchecks@dps.state.ia.us)

**QUESTIONS:** [www.dcirecordchecks@dps.state.ia.us](mailto:www.dcirecordchecks@dps.state.ia.us)

### **HOW TO REQUEST AN IOWA CRIMINAL HISTORY RECORD CHECK:**

- Please write clearly on the Request Form.
- Complete all Requestor Information and all required fields. If the form is incomplete it will be returned to you without being processed.
- Send in a separate Request Form for each last name.
- A \$15.00 fee is required for each Request Form/last name submitted.
- A completed Billing Form must be submitted with a Request Form. If the Billing Form is not complete or the fee is not included, all forms will be returned. Please submit only one Billing Form when submitting multiple requests.
- Please specify on the Request Form if you want the results mailed, faxed or emailed to you and provide the appropriate information. If not specified the results will be mailed.
- Indicate if you are required (i.e. for immigration, for employment in another country, etc.) to have the results of the record check notarized.

Iowa criminal history record checks are based on **name** and **exact date of birth**. Without fingerprints, **positive** identification cannot be determined. The records maintained by the Iowa Division of Criminal Investigation (DCI) are based on **name** and **exact date of birth**. Without fingerprints, **positive** identification cannot be determined. The records maintained by the Iowa Division of Criminal Investigation (DCI) are based on information provided to us, as required by the Code of Iowa, from other criminal justice agencies in Iowa. Therefore, the DCI cannot guarantee the completeness of the information provided. If an individual disputes the accuracy of information maintained by the DCI, please contact our office at [www.dcirecordchecks@dps.state.ia.us](mailto:www.dcirecordchecks@dps.state.ia.us).

### **RELEASE AUTHORIZATION INFORMATION:**

Iowa law does **not** require a release authorization to request an Iowa criminal history record check on another person. However, without a signed release authorization from the subject of the request, deferred judgments where the DCI has received notice of the successful completion of probation cannot be released to non-law enforcement agencies. In addition, any arrest over 18 months old, **without** a final disposition, cannot be released.

Please note: If the "No Iowa Criminal History Record found with DCI" box is checked, it could mean the information on file is not releasable per Iowa law without a signed release authorization.

Furthermore, it could mean there is juvenile information that isn't releasable per Iowa Code 232.147. However, the release authorization does not pertain to juvenile information.

### **ADDITIONAL INFORMATION:**

A criminal history record check of the DCI files do not include other states' records, FBI records, or subjects convicted in federal court within Iowa.

In Iowa, a **deferred judgment is not** generally considered a conviction once the defendant has been discharged from the deferred judgment after successfully completing probation. However, it should be noted that a deferred judgment may still be considered as an offense when considering charges for certain multiple offense crimes, i.e. second offense OWI. If a disposition indicates that a deferred judgment was given, you may want to inquire of the individual's current status.

A **deferred sentence is** a conviction. The judge simply withholds implementing a sentence for a certain probationary period. If probation is successful, the sentence is not carried out.