

**Iowa Health Care Facility (135C) Record Check  
Form C**

**ACCOUNT NUMBER 1085- C**

**TO:** Iowa Division of Criminal Investigation  
Bureau of Identification  
Wallace State Office Building  
Des Moines, Iowa 50319  
(515) 725-6066  
(515) 725-6080 (fax)

**FROM:** Nursing On Call Inc.  
308 Main St.  
Gray, IA. 50110  
  
Phone 712-563-3771  
Fax 888-476-7296

I am requesting an Iowa Criminal History Check on:

**(Type/Print Legibly)**

**Request**

_____ Last Name (mandatory)	_____ First Name (mandatory)	_____ Middle Name (recommended)
_____ /   / Date Of Birth (mandatory)	_____ Sex (mandatory)	_____ /   / Social Security Number (mandatory)

*J. Nichols, President N.O.C. Inc.*

\_\_\_\_\_  
Signature of Requester

*There is a separate Form " C " required for each last name submitted*

(DCI Use Only)

**Results**

As of \_\_\_\_\_, a Name and date of birth check revealed:

CCH Record Attached  

No CCH Record  

DCI initials \_\_\_\_\_

**Waiver**

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date