



# State of IOWA and FBI Criminal History Record Check Billing Form



**Date:** \_\_\_\_\_ **Account Number:** 4437

<b>To:</b> 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	<b>From:</b> Justin Ellis Pappajohn Education Center Iowa Campus Compact 1200 Grand Ave, #200 Des Moines, IA 50309 <hr/> <b>Phone:</b> 515-235-4681 <hr/> <b>Fax:</b> 515-235-4601
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<b><u>STATE of IOWA Criminal History Record Check Request Form</u></b>	
<b>SING USERS: Do not complete this section; proceed to the National Check section for fingerprints.</b>	
<b>Mail Back Results</b> <input type="checkbox"/> <b>Fax Back Results</b> <input type="checkbox"/> <small>*If neither box above is checked, results will be mailed back to the address provided.</small>	<small>*Each last name requires a Request Form and payment.</small> <u>\$15.00</u> <b>Number of State checks submitted:</b> <u>x 0</u> <b>Subtotal:</b> \$ 0

<b><u>EMPLOYEE National Criminal History Record Check</u></b>	
	<u>\$26.00</u> <b>Number of Employee <u>fingerprint cards</u> submitted:</b> <u>x 0</u> <b>Subtotal:</b> \$ 0
<small>*All National check results will be mailed to the Qualified Entity.</small>	

<b><u>VOLUNTEER National Criminal History Record Check</u></b>	
	<u>\$13.00</u> <b>Number of Volunteer <u>fingerprint cards</u> submitted:</b> <u>X</u> <b>Subtotal:</b> \$
<small>*All National check results will be mailed to the Qualified Entity.</small>	
<b>TOTAL:</b> \$	

<b><u>METHOD OF PAYMENT</u></b>	
<small>(Checks should be made payable to the Iowa Division of Criminal Investigation)</small>	
Check <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Pre-paid Account <input checked="" type="checkbox"/> Interagency <input type="checkbox"/>	
MasterCard/Visa/Discover:	Expiration Date:
n/a	n/a
Cardholder's Name:	n/a