



State of IOWA and FBI Criminal History Record Check Billing Form



Date: _____ **Account Number:** 4437-F

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

From: Justin Ellis
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Iowa Campus Compact
1200 Grand Ave, #200
Des Moines, IA 50309

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<u>STATE of IOWA Criminal History Record Check Request Form</u>	
SING USERS: Do not complete this section; proceed to the National Check section for fingerprints.	
Mail Back Results <input type="checkbox"/> Fax Back Results <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> Number of State checks submitted: <u>x 0</u> Subtotal: <u>\$ 0</u>

<u>EMPLOYEE National Criminal History Record Check</u>	
	<u>\$30.25</u> Number of Employee <u>fingerprint cards</u> submitted: <u>x 0</u> Subtotal: <u>\$ 0</u>
<small>*All National check results will be mailed to the Qualified Entity.</small>	

<u>VOLUNTEER National Criminal History Record Check</u>	
	<u>\$15.00</u> Number of Volunteer <u>fingerprint cards</u> submitted: <u>x</u> Subtotal: <u>\$</u>
<small>*All National check results will be mailed to the Qualified Entity.</small>	
TOTAL: <u>\$</u>	

<u>METHOD OF PAYMENT</u> <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: _____
Cardholder's Name: _____	