

ACCOUNT NUMBER: 7422-C

**IOWA HEALTH CARE FACILITY (135C) RECORD CHECK**  
Form C

**TO:** Iowa Division of Criminal Investigation  
Bureau of Identification  
Wallace State Office Building  
515.281.5138 (VOICE-DAYS)  
515.281.4776 (VOICE-NIGHTS)  
515.242.2876 (FAX)

**FROM:** St. Luke Lutheran Home, Inc.  
1301 St. Luke Drive  
Spencer, Iowa 51301  
**PHONE:** 712.262.5931  
**FAX:** 712.262.4743  
**EMAIL:** stlukelh@stlukelh.com

I am requesting an Iowa Criminal History/Dependant Adult Abuse Check on:

(Please Type or Print Legibly:)

<b>Last Name</b> <small>(mandatory)</small>	<b>Maiden Name</b> <small>(mandatory)</small>	<b>First Name</b> <small>(mandatory)</small>	<b>Middle Name</b> <small>(recommended)</small>
<b>Date of Birth</b> <small>(mandatory)</small>	<b>Sex</b> <small>(mandatory)</small>	<b>Social Security Number</b> <small>(mandatory)</small>	
<hr style="width: 50%; margin: auto;"/> <b>Signature/Title of Requestor</b>			

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

<b>Signature</b>	<b>Date</b>
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