

TO: The City of Estherville, Iowa

AUTHORIZATION TO ACCESS RECORDS

I, the undersigned, hereby authorize the City of Estherville, to access my Iowa Driver's License records and vehicle registration records for purposes of inquiry into driving record and current license status.

It is my understanding that this information shall be used only by the City of Estherville for purposes of evaluating my selection for a contract position.

It is also my understanding that this information regarding my driver's license and driving record and history shall be used only in conjunction with my application and shall not be disseminated to any third parties for any reason whatsoever.

Dated this _____ day of _____, _____ .
(Month) (Year)

Driver's License Number

(Print Name Above)

State

Signature

NOTE: Return this form with your application to :
City Administrator
2 North 7th Street
P.O. Box 417
Estherville, IA 51334