

**ATTN DEPT HEAD:** This form MUST be completed by the applicant and returned to the Auditor's Office BEFORE s/he is hired.

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION CONTAINED IN MOTOR VEHICLE/DRIVING RECORD

I hereby give my full and complete authorization and express written consent for the release of personal information contained in my motor vehicle/driving record. This authorization is given in connection with either my application for employment with or my ongoing employment with Decatur County, Iowa. This authorization is being given with the understanding that Decatur County, Iowa, either as a part of my application for employment or my ongoing employment, will obtain and evaluate my personal motor vehicle/driving record as a part of the County's practice to evaluate this information for the purpose of determining insurability and other insurance matters. I further understand that this information will be provided to the Consultant to the Heartland Insurance Risk Pool for the purpose of evaluation.

This authorization is given pursuant to the provisions of 18 United States Code, Section 2721, et. seq. and Section 321.11, Code of Iowa. Copies of these two provisions may be obtained by me upon my request to the Decatur County Insurance Coordinator.

Dates this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Signature of Applicant/Employee

\_\_\_\_\_  
Name as it appears on Driver's License

\_\_\_\_\_  
Driver's License Number/State of Issuance

\_\_\_\_\_  
Date of Birth



Insurance Coordinator for Decatur County, Iowa  
2/2019