

**City of Decorah
Police
Department**



**Lorraine Borowski, Mayor
Travis Goedken, City Manager
Tricia Thein, Chief of Police
400 Claiborne Drive
Decorah, IA 52101
Phone (563) 382-3667
Fax (563) 382-2042**

AUTHORIZATION FORM

I hereby authorize the City of Decorah and the Decorah Police Department to secure any information they may require from my EDUCATIONAL, EMPLOYMENT, MILITARY, and MEDICAL records, and to permit said department or any of its representatives to inspect and make copies of any such documents, records, and other information which may have been made or prepared, pursuant or in connection with any examinations, consultations, tests, or evaluations of the undersigned.

I understand this investigation will solicit information from and include contact with the character references listed on my application, former employers, scholastic institutions, military agencies, medical authorities, other police agencies, neighbors, friends, and relatives.

Applicant's Printed Name

Applicant's Date of Birth

Applicant's Address (street/box, city, state, zip code)

Applicant's Signature

Witness

Date

**City Council
Randy Schissel, Emily Neal, Kirsten Olson, Steve Luse,
Steven Zittergruen, Kirk Johnson, Ross Hadley**