

YOUTH BASKETBALL
COACH BACKGROUND
REQUEST



AUTHORIZATION TO DO BACKGROUND CHECK

Please bring this form, with a copy of a photo identification card, to the Selectman's Office at the Griswold Town Hall. Address: 28 Main Street, Jewett City

I _____
First Name *Middle Name* *Last Name*

give the Town of Griswold permission to do a background criminal record and driving record check on me.

Signature

Social Security #

Date of Birth

Date

Please list below any other alias or maiden name and dates of births used:

