



AUTHORIZATION TO DO BACKGROUND CHECK

(Please provide a copy of driver's license)

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:

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