

**JAMESTOWN BASEBALL**  
Cal Ripken League

DATE \_\_\_\_\_

Department Of Attorney General  
Bureau of Criminal Identification  
150 South Main Street  
Providence, R.I. 02903

To Whom It May Concern:

I hereby authorize the JAMESTOWN BASEBALL CAL RIPKEN LEAGUE to obtain a background and criminal check for coaching purposes.

NAME: \_\_\_\_\_

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

Driver's License Number & State Issued: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notary Public: \_\_\_\_\_ Date: \_\_\_\_\_

Commission Expires: \_\_\_\_\_

ID #: \_\_\_\_\_

Results: