

Criminal History / Driving History Authorization Form

I hereby authorize, Bridget Browne and / or her authorized designees of the Chatham County District Attorney's Office, Eastern Judicial Circuit to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency and the Georgia Crime Information Center and any driver's history information which may be in the files of the Georgia Department of Drivers Services. By signing below, I am expressly authorizing, at any time, a criminal history check and a driver's history check of my records for the duration of the time that I serve as an intern with the District Attorney's Office and thereafter if I am later hired

Full name (print)

Sex _____

DOB _____

Address

SSN _____

OLN _____

Signature

Date

FOR OFFICE USE ONLY

X For Criminal Justice Employment (intern)