

**SAN FRANCISCO DISTRICT ATTORNEY**  
**AUTHORIZATION FOR BACKGROUND INVESTIGATION**  
**HIGH SCHOOL STUDENTS ONLY**

Please be advised that the San Francisco District Attorney's Office may collect public records about your high school student in connection with their internship with the San Francisco District Attorney's Office. Confidentiality will be maintained for this information.

Examples of public records may include but are not limited to, criminal background reports and motor vehicle driving records. By signing below, you have given permission for the San Francisco District Attorney's Office to collect this information, and you have waived your right to receive copies of such public records.

*Failure to disclose prior arrests or presentation of false information will result in the disqualification of your application and/or dismissal of your assignment at the San Francisco District Attorney's Office.*

Your signature below acknowledges that you have read and understand the above disclosure.

Youth Applicant Name: \_\_\_\_\_

Parent/Guardian (print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please fill out the attached form and attach a photocopy of your driver's license.

**SAN FRANCISCO DISTRICT ATTORNEY  
AUTHORIZATION FOR BACKGROUND INVESTIGATION**

**Name:**

\_\_\_\_\_

Last

First

Middle

Maiden

**Status:**      Single      Married                     Divorced                     Widowed

**Ethnicity:**      Black (not Hispanic)      Asian/Pacific Islander      Hispanic  
(Optional)

White (not Hispanic)      American Indian/Alaskan Native

Other

**Gender:**      Male                     Female

**Driver's License Number:** \_\_\_\_\_ **State in which issued:** \_\_\_\_\_

(Please attach a photocopy of your driver's license)

**Date of Birth (MM/DD/YY) :** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Current Address:** \_\_\_\_\_

Number

Street

City

State

Zip Code

**How long at this address:** \_\_\_\_\_

**Phone Number(s):** \_\_\_\_\_

Circle One

Home Cell Work

Home Cell Work

**Previous Address:** \_\_\_\_\_

Number

Street

City

State

Zip Code

**How long at this address:** \_\_\_\_\_

Have you ever used, or been known by another name?     YES     NO

If YES, please provide an explanation below:

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Have you ever been arrested?     YES     NO    Date: \_\_\_\_\_

If YES, please provide an explanation below:

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Have you ever been convicted, fined, imprisoned, ordered by a judge to do community service or placed on probation for any crime? (include traffic infractions)

YES     NO    Date: \_\_\_\_\_

If YES, please provide an explanation below:

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As of the date of this authorization, do you have any pending criminal charges against you?

YES

NO

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

If YES, please provide an explanation below:

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I hereby authorize a thorough and detailed background investigation:

Authorized by: \_\_\_\_\_ Date \_\_\_\_\_  
Print Name Date

Signature \_\_\_\_\_

**This section TO BE COMPLETED BY DAI INVESTIGATORS:**

Position: \_\_\_\_\_

Results Date: \_\_\_\_\_ DAI Representative: \_\_\_\_\_

Approved:  Yes  No  Other \_\_\_\_\_