



SUPERIOR COURT CLERKS OF GEORGIA

Clerks' Reference Manual Access Authorization Form

County: _____

Clerk: _____

Name of Deputy
to be granted access

Deputy's Email Address

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I, _____, Clerk of Court in _____ County
authorize the above-named Deputies to access the Clerks' Reference Manual.

Date: _____