



**Dr. Charles Preston  
St. Tammany Parish Coroner**

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

**I \_\_\_\_\_ agree to participate as an intern with the St. Tammany Parish Coroner's Office, including investigations, autopsy viewing and office procedures.**

**This may be terminated at any time, at the request of the St. Tammany Parish Coroner's Office due to lack of resources or if time availability of staff becomes limited, or without cause of at the discretion of the Coroner.**

**Let it be known that any and all information obtained or discussed in the Coroner's Office environment is confidential and should not be relayed out of the office. If the chain of confidentiality is broken, the intern will no longer be able to participate in the internship program; effective immediately.**

\_\_\_\_\_  
Signature of Intern

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number