



South Dakota  
Department of  
**Social Services**

**Background Screening Information Authorization**

Authorization to Release Information:

I, \_\_\_\_\_ (*First and Last Name*) am granting permission for the South Dakota Department of Social Services to release a copy of the current background check determination for child care employment to:

Name of Program/Provider: \_\_\_\_\_

Mailing Address or E-mail address where to send: \_\_\_\_\_

Has there been a gap in employment between the program where your previous eligibility letter was sent and now? Yes ☐ No ☐

If yes, please state how long in in terms of months: \_\_\_\_\_ Months

Have you lived outside of South Dakota in the previous five years where an out of state check was completed and on file with DSS? Yes ☐ No ☐

If yes, please list the States you have previously lived in the past 5 years:

\_\_\_\_\_  
\_\_\_\_\_

Name used for previous background check, if different: \_\_\_\_\_

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

Signed: \_\_\_\_\_

Date Signed/Authorized: \_\_\_\_\_

**Please upload this form on the Provider Portal/BGC requests (use 'Additional Documents' button)**