



South Dakota  
Department of  
**Social Services**

**DEPARTMENT OF SOCIAL SERVICES**

OFFICE OF LICENSING & ACCREDITATION

910 E. SIOUX AVE.

PIERRE, SD 57501

**PHONE:** 605-773-3612 or

800-226-1033

**FAX:** 605-773-5390

**WEB:** [dss.sd.gov](http://dss.sd.gov)

## General Out of State Screening Release Form

South Dakota is required by Federal Law (45 C.F.R. 98.43) to conduct out-of-state background checks for people applying to work in a child care facility in South Dakota who have lived in **Delaware** during the past five years. Enclosed you will find 2 fingerprint cards as required by your agency to complete this background check. The finger prints enclosed should match the name and identifying information of the person below:

Name: \_\_\_\_\_

First Name

Middle Name

Last Name

\_\_\_\_\_  
Maiden Name

\_\_\_\_\_  
Alias

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number -----

Race: \_\_\_\_\_ Gender: Male ☐ Female ☐

Current Address

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Print Name of Person Being Screened: \_\_\_\_\_

Signature of Person Being Screened: \_\_\_\_\_

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

Please return the results to:

Office of Licensing & Accreditation

910 E. Sioux Avenue

Pierre, SD 57501