



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 Georgia during the past five years. As such, we are requesting information from your Central Registry for Child Abuse & Neglect on the following individual:

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: \_\_\_\_\_

Former Address(es) in requesting state (add additional pages if necessary):

1. Address: \_\_\_\_\_

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

2. Address: \_\_\_\_\_

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

3. 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 700 Governors Drive Pierre, SD 57501