



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 Indiana during the past five years. As such, we are requesting information from your State Criminal Database 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