



South Dakota  
Department of  
**Social Services**

**DEPARTMENT OF SOCIAL SERVICES**  
OFFICE OF LICENSING & ACCREDITATION  
700 GOVERNORS DRIVE  
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 **Michigan** 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