



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

General Out of State Screening Release Form

Please complete the required fields on this form and two FBI cards containing your prints to the address listed at the bottom.

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 **Mississippi** 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