



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 New Jersey 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, Middle and Last): _____

Maiden Name: _____ Other Aliases: _____

Date of Birth: ____/____/____ Social Security Number _____

Race: _____ Male Female

Current Address

Address: _____ City: _____ State: _____ Zip Code: _____ Date (MM//YY): _____

Previous Address(es) Lived in from 1980 to present (add additional pages if necessary):

- 1. Address: _____ City: _____ State: _____ Zip Code: _____ Date (MM/YY): _____
2. Address: _____ City: _____ State: _____ Zip Code: _____ Date (MM/YY): _____
3. Address: _____ City: _____ State: _____ Zip Code: _____ Date (MM/YY): _____

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