REQUEST FOR SCREENING FOR SUBSTANTIATED REPORTS OF CHILD ABUSE OR NEGLECT

I authorize the Department of Social Services/Child Protection Services to screen my name against South Dakota's Central Registry of Child Abuse/Neglect, and to search any information systems for substantiated abuse or neglect reports and release the findings only to me.

My reason for requesting this screening is _____
(Must Specify)

Full name _____
First Middle Last

Maiden and former names or any alias: _____

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

List full birth name and birth date of **all** your biological children, including those that are adults.

Name (First, middle, last) Date of Birth	Name (First, middle, last) Date of Birth
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

YOUR Name and Return Address:

_____
Your Name

_____
Street Address

_____
PO Box Number / Apt / Suite / Unit / Lot

_____
City Sate Zip

_____
Your return email address (if requesting results via email)

_____
Your Signature Date

Subscribed and sworn to before me, a Notary Public,

this _____ day of _____, _____ .

_____
Notary Public Signature

My Commission Expires: _____ /_____/_____

(SEAL)

YOUR SCREENING WILL ONLY OCCUR IF THIS FORM IS PROPERLY NOTARIZED.

Return completed form by mail to:
DSS-Office of Licensure & Accreditations
Attn: Kyli Hill
700 Governors Dr
Pierre, SD 57501-2291

Or email completed form to: **DSSCRS@state.sd.us**