



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 **Rhode Island** 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 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