



South Dakota
Department of
Social Services

Background Screening Information Authorization

Authorization to Release Information:

I, _____ (First and Last Name) am granting permission for the South Dakota Department of Social Services to release my eligibility/ineligibility letter released to _____ (original employer) to a potential new employer, _____ (name of program/provider). I am requesting a copy of the eligibility/ineligibility letter be sent to:

Name of Program/Provider: _____

Mailing Address or E-mail address where to send: _____

Has there been a gap in employment between the program where your previous eligibility letter was sent and now? Yes No

If yes, please state how long in in terms of months: _____ Months

Signed: _____

Address: _____

Name used for previous background check, if different: _____

Date of Birth: _____

Date Authorized: _____

Please scan and e-mail this form to: _____

Or mail to:

Office of Licensing & Accreditation

Address of office: _____

City: _____ SD 57 _____