

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

YOUR Name and Return Address:

Your Name

Your Signature Date

Street Address

Subscribed and sworn to before me, a Notary Public,

PO Box Number / Apt / Suite / Unit / Lot

this _____ day of _____, _____.

City State Zip

Notary Public Signature

My Commission Expires: ___ / ___ / ___

Your return email address (if requesting results via email)

(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 Klinger

700 Governors Dr

Pierre, SD 57501-2291

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