



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: _____

Date you began employment at original employer: _____

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

Have you lived outside of South Dakota in the previous five years where an out of state check was completed and on file with DSS? Yes No

If yes, please list the States you have previously lived in the past 5 years:

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; Zip Code: _____