

Distribution: Public

**Background Check Authorization****CHECK ONE:** ☐ M-2 ☐ W-2 ☐ Volunteer ☐ Special Event Visitor ☐ Clergy ☐ Vendor/Contractor ☐ Tour ☐ Other\_\_\_\_\_  
Last Name First Name MI Social Security Number\_\_\_\_\_  
Maiden /Alias Names:\_\_\_\_\_  
Street Address/P.O. Box City State Zip Code\_\_\_\_\_  
Home Telephone Number Work Telephone Number Cell Phone Number (optional)\_\_\_\_\_  
Date of Birth Driver's License Number # State Issuing Driver's License

I hereby authorize the South Dakota Department of Corrections, or its designated agents and representatives, to obtain and review my criminal background. I certify that the information given by me is true, complete, and correct, to the best of my knowledge and belief and made in good faith.

The DOC and its designated agents or representatives shall maintain all information received from this authorization in a confidential manner in order to protect my personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

\_\_\_\_\_  
Signature of Applicant Date Staff Signature Date\_\_\_\_\_  
Printed Name Printed Name**FOR OFFICE USE ONLY:** Background Check Complete: ☐ Yes ☐ No (Attach Printouts)Special Security/Major Signature Date Associate Warden/Designee Signature Date  
Approved: ☐ Yes ☐ No