Interstate Background Check Request Form

Federal law requires Child Care and Development Fund (CCDF) Lead Agencies to conduct interstate background checks for prospective child care staff who have lived in other states in the past 5 years and to respond to these requests as expeditiously as possible (42 USC § 9857).

☒ **The subject of this request has given consent to the CCDF Lead Agency to a release of information in accordance with CCDF Rule 45 CFR Part 98.**

Requesting Agency Name and Address			
Requesting CCDF Lead Agency: Office of Licensing & Accreditation			Routing #: N/A
Address: 700 Governors Drive	City: Pierre	State: SD	Zip Code: 57501
Name of Agency Contact: Kyli Hill	Phone Number: 605.480.9407		Agency Contact Email: DSSCRS@state.sd.us
Response Instructions:			

Receiving Agency Name and Address	**Type of Background Check Request**
Agency Name: State of Alaska Department of Public Safety Address: 5700 East Tudor Road City: Anchorage State: AK Zip Code: 99507	Check Only One Box: ☒ State Criminal History Registry ☐ State Child Abuse and Neglect Registry ☐ State Sex Offender Registry

Subject of Background Check Request				
Legal Name, First:	Middle:	Last:	Maiden Name:	Alias (First and Last Name):
Social Security #: ___/__/____	Date of birth: mm/dd/yyyy	Race and/or Ethnicity (Select All That Apply): ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Hispanic or Latino ☐ Middle Eastern or North African ☐ Native Hawaiian or Pacific Islander ☐ White Sex: ☐ Female ☐ Male ☐ A Different Term Hair Color: Height: Weight: Eye Color:		
Current Address:		City:	State:	Zip Code:
Driver's License Number:				
Driver's License/State ID State: Click or tap here to enter text.				

List All Address(es) in the Previous State of Residence					
Number and Street:	City:	State:	Zip Code:	Beginning Date: mm/yyyy	Ending Date: mm/yyyy

Optional Attachments (if needed):

Consent attached ☐Yes ☒No
State Issued photo ID attached ☐Yes ☒No
Fee paid or included ☐Yes ☒No

If the response for the request cannot be fulfilled, check the appropriate box:

☐State laws prevent release of information ☐Policies prevent release of information
☐Procedures to respond have not been implemented ☐Payment not received ☐Other

Signature *(Responding CCDF Lead Agency Representative):*	Date of Response:
Please send this document and any additional information to the requesting agency listed above no later than:	

I certify that the information given in this document is correct.

Signature *(Requesting CCDF Lead Agency Representative):*	Date of Request:

Please print and mail this form USPS to:

Office of Licensing & Accreditation
700 Governors Drive
Pierre SD 57501

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