

**Office of the Attorney General
Division of Criminal Investigation
1302 E. Highway 14, Suite 5, Pierre, SD 57501
(605) 773-3331**

AUTHORIZATION AND RELEASE

I, _____, hereby authorize the Division of Criminal Investigation for the State of South Dakota to release to ND DHHS, Criminal Background Check Unit any information concerning me contained in the criminal history record files of the Division. I understand that the criminal history record files contain records of arrests which may have resulted in a disposition other than a finding of guilty (i.e. dismissed charges, or charges that resulted in a not guilty finding). I further understand that the information may contain listings of charges that resulted in suspended imposition of sentence, even though I successfully completed the conditions of said sentence and was discharged under SDCL 23A-27-17. I acknowledge that this type of information may be released, even though this record is designated as "nonpublic" under the provisions of 23A-27-17.

In consideration for the Division of Criminal Investigation releasing any information concerning me contained within its criminal history record files to ND DHHS, Criminal Background Check Unit, I, _____, on n behalf of myself, my spouse, legal representatives, heirs, and assigns, hereby release, waive, discharge and agree to hold harmless the Division of Criminal Investigation, its officers and employees, from all liability for any claim or damages resulting from the release of this information.

Date: _____

Signature: _____

Witness: _____

Witness: _____

Mail Response To: ND DHHS, Criminal Background Check Unit
600 E Blvd Ave, Dept 325
Bismarck, ND 58505-0250