

STATE OF SOUTH DAKOTA
AUTHORIZATION FOR RELEASE OF INFORMATION
For Pre-Employment Screening

Name (Please Print): _____

Address: _____

TO WHOM IT MAY CONCERN: I am an applicant for a position or volunteer position with the State of South Dakota. I hereby authorize a review of and full disclosure of all records, or any part, concerning myself by and to the State of South Dakota, whether the records are public, private, or confidential.

I consent to your release of all public and private information that you have concerning me, my work record, background, military service records, educational records, financial status, civil litigation or penalties, criminal history record, investigator files, performance ratings, complaints or grievances filed against me, and internal affairs investigations or discipline, including any files which are deemed to be confidential or sealed.

I release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage according to any state or federal laws. I release you, as the custodian of the records, from all liability for damages of whatever kind which may result to me, my heirs, family, or associates because of compliance with this authorization and request to release information or any attempt to comply with it.

In consideration of the State of South Dakota's acceptance and processing of my application for employment (including a volunteer position), I agree to hold the State, its agents and employees harmless from all claims and liability associated with my application for employment (including a volunteer position) or in any way connected with the decision whether or not to employ me (including a volunteer position) with the State. I further agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

A photocopy or fax copy of this release form is as valid as the original, even though the photocopy or fax copy does not contain an original signature. This waiver is valid for a period of 60 days from the date of my signature.

Signature

Date