FOR OFFICIAL USE ONLY

SOUTH DAKOTA

REQUIRED FORMS

- South Dakota Request Form
- SF87 or FD258 Fingerprint Card
- OPM General Release Form

INSTRUCTIONS FOR SUBMISSION

In addition to the SF87/FD258 Fingerprint Card submitted with the case papers for an FBI Fingerprint Search, the subject of
investigation must complete the South Dakota Request Form and another SF87/FD258 Fingerprint Card. The form and
fingerprint card is required to search the South Dakota State Criminal Repository and fulfill the requirements of Public Law
101-647.

REQUIRED FIELDS -FINGERPRINT CARD

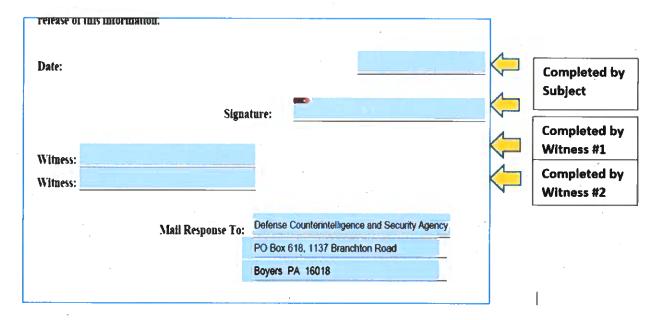
Please refer to the <u>FD258 Fingerprint Card Guidance</u> or the <u>SF87 Fingerprint Card Guidance</u> sections near the end of this guide for details on successfully filling out this item.

REQUIRED FIELDS – STATE REQUEST FORM

 Please ensure all required fields on the form is complete, otherwise, this could result in a return of the form from the state repository

SIGNATURE REQUIREMENTS – STATE REQUEST FORM

- Subject is required to <u>date</u> and <u>sign</u> the request form in front of two witnesses.
 - o If form is not witnessed, subject will be asked to complete a new form.



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 re	elease to Defense Counterintelligence and Security Agency any
information concerning me contained in the	criminal history record files of the Division. I
understand that the criminal history record file	s contain records of arrests which may have resulted
in a disposition other than a finding of guilty (i.e	e. dismissed charges, or charges that resulted in a not
guilty finding). I further understand that th	e information may contain listings of charges that
resulted in suspended imposition of sentence, ev	en though I successfully completed the conditions of
said sentence and was discharged under SD	CL 23A-27-17. I acknowledge that this type of
information may be released, even though the	is record is designated as "nonpublic" under the
provisions of 23A-27-17.	
	Investigation releasing any information concerning
me contained within its criminal history record files to Defense Counterintelligence and Security Agency, I,	
	f 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 a	l liability for any claim or damages resulting from the
release of this information.	, ,
Date:	
Signa	ture:
Witness:	
Witness:	-
	_
Mail Response To:	Defense Counterintelligence and Security Agency
	PO Box 618, 1137 Branchton Road
	Boyers PA 16018