

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 [FD258 Fingerprint Card Guidance](#) or the [SF87 Fingerprint Card Guidance](#) 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 **date** and **sign** the request form in front of two witnesses.
 - *If form is not witnessed, subject will be asked to complete a new form.*

RELEASE OF THIS INFORMATION.

Date:	<input type="text"/>	←	Completed by Subject
Signature:	<input type="text"/>	←	Completed by Witness #1
Witness:	<input type="text"/>	←	Completed by Witness #2
Witness:	<input type="text"/>	←	

Mail Response To: Defense Counterintelligence and Security Agency
 PO Box 618, 1137 Branchton Road
 Boyers PA 16018

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 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 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 Defense Counterintelligence and Security Agency, I, _____ on 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: _____

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