

**SOUTH DAKOTA DIVISION OF CRIMINAL INVESTIGATION
AUTHORIZATION AND RELEASE**

I authorize any individual or organization to disclose and release all information and records regarding me to any duly authorized officer or designee of the South Dakota Division of Criminal Investigation ("Division"). I also authorize the Division, the State of South Dakota, and their employees or designees to contact any individual or organization and obtain from them any records or information regarding me.

I consent to the disclosure and release of all information and records regarding me including those records or information that may be of a private, privileged, or confidential nature or that may involve disciplinary action. This consent specifically includes, but is not limited to, records and information relating to my driving record, criminal history, civil litigation, education, military service, professional licenses, employment history (including applications for employment, background investigations/pre-employment screenings, polygraph reports and charts, evaluations/appraisals, internal affairs or personnel investigations, work performance, grievances/complaints filed against me, and disciplinary actions), finances and credit, and personal information.

I also consent to the Division, the State of South Dakota, and their employees or designees releasing any information or records regarding me to third parties as is necessary for those third parties to comply with this authorization and release.

I release, indemnify, and hold harmless any individual or organization that provides information or records regarding me from any and all liability, claims, or damages arising from complying with this authorization and release. I also release, indemnify, and hold harmless the Division, State of South Dakota, and their employees or designees from any and all liability, claims, or damages arising out of their efforts to obtain information and records regarding me.

A photocopy or facsimile of this authorization and release shall be as valid as the original.

I understand that information and records obtained pursuant to this authorization and release may be considered in determining my suitability for employment with the Division.

I have read and fully understand the contents of this authorization and release.

Signature

Date

Full Name (Printed or Typed)

Social Security Number