

Criminal Background Check Tips

1. Follow the written directions from the Division of Criminal Investigation EXACTLY!!
2. You must have TWO sets of fingerprints done at the Sheriff's Office or Police Station. (One on the light blue printed form and one of the dark blue printed form.)
 - a. Do not fill out the cards prior to going in. Many Sheriff's Offices have electronic systems where they can print on your cards for you. DO NOT let them use their own cards ~ yours are specifically for student teaching.
3. You must pay the fee in one check ~ payable to the DCI for \$43.25.
4. You MAY have to pay an additional fee at the Sheriff's Office or Police Station (around \$10.00)
5. You may not begin student teaching until the school district has the results from the background check on file. (Make sure to fill out the forms with the name of the school you will be placed in)
6. If you do not follow the directions as stated, you will have to try again....and pay the fee again.

Note: If you are student teaching outside of South Dakota, you don't need to do the SD background check (dark blue card). Check with your school district to determine what they require for a state background check.



MARTY J. JACKLEY
ATTORNEY GENERAL

STATE OF SOUTH DAKOTA
DIVISION OF CRIMINAL INVESTIGATION
OFFICE OF ATTORNEY GENERAL
GEORGE S. MICKELSON CRIMINAL JUSTICE CENTER
PIERRE, SOUTH DAKOTA 57501-8505
PHONE (605) 773-3331
FAX (605) 773-4629

Law Enforcement Training
State Forensic Laboratory

TO WHOM IT MAY CONCERN:

FROM: SD Division of Criminal Investigation (DCI)

SUBJECT: Procedures for Record Checks in Compliance with SDCL

South Dakota Requirements for State and FBI Background checks:

This type of background requires legislation and includes but is not limited to school employment (SDCL13-10-12), Board of Nursing (SDCL 36-9-97), Board of Bar Examiners (SDCL 16-16-2.6), Division of Banking and Municipalities, etc.

1. A special FBI applicant fingerprint card and a state applicant fingerprint card, both required for a background and obtained from the requesting agency. The FBI fingerprint card will have a preprinted ORI, which has been assigned by the FBI and will be found in the contributor block on the card. The reason for fingerprinting should indicate that the search is for employment per its SDCL.
2. These fingerprint cards must be taken to the individual's law enforcement agency (Police Department or Sheriff's Office) to be printed. There may be an additional charge by these agencies to cover the cost of fingerprinting.
3. All necessary information including name, date of birth, gender and social security must be provided on both fingerprint cards as the *minimum* requirements. *On the back of the DCI card is an authorization and release form. This must be completed and signed for the fingerprint cards to be processed.* Incomplete requests will be returned to requestor.
4. Total payment of \$43.25 check or money order must be submitted with each request to cover the costs of both the state and federal background check. (The FBI charges \$19.25 fee for each request. DCI charges \$24 for each request.)
5. Upon receipt of all necessary information, fingerprints, signed authorization and release and the required fee, the DCI will forward the request to the FBI and conduct a state criminal history search. If no record is found based on the fingerprint, name and date of birth search, a response sheet will be returned. If the search reveals a match with an arrest record in the FBI files or state search, a copy of the criminal history record will be returned. Fingerprint cards will be destroyed and will not be returned with the responses.

FEDERAL BUREAU OF INVESTIGATION
 UNITED STATES DEPARTMENT OF JUSTICE
 CJIS DIVISION/CLARKSBURG, WV 26306

APPLICANT

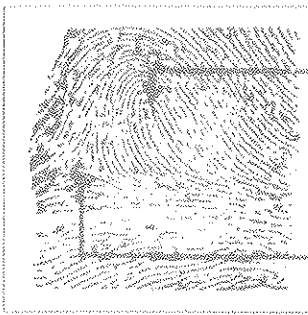
THIS CARD FOR USE BY:

- 1. LAW ENFORCEMENT AGENCIES OF OTHER COUNTRIES APPLICANTS FOR LAW ENFORCEMENT INVESTIGATION
- 2. OFFICIALS OF AGENCY WHO WOULD BE RESPONSIBLE FOR MANAGEMENT OF DATA FOR THE FOLLOWING AND RELATED AS AUTHORIZED BY STATE STATUTES AND APPROVED BY THE ATTORNEY GENERAL OR AN OFFICIAL OF THE STATE GOVERNMENT AUTHORITY TO HANDLE DATA RELATING TO APPLICANTS
- 3. LAW ENFORCEMENT AGENCIES OF OTHER COUNTRIES APPLICANTS FOR VISAS
- 4. OFFICIALS OF THE UNITED STATES DEPARTMENT OF JUSTICE, IMMIGRATION AND NATURALIZATION SERVICE, AUTHORITY OF VISAS (REGISTRATION)

Impressions of the fingers must be taken in the following order: 1. Right index, 2. Right middle, 3. Right ring, 4. Right little, 5. Right thumb, 6. Left index, 7. Left middle, 8. Left ring, 9. Left little, 10. Left thumb.

Ensure all information is typed or legibly printed using blue or black ink.
 Enter data within the boundaries of the designated field or block.
 Complete all required fields. If a response to the question is "None", the response card may be checked, checked, and checked.

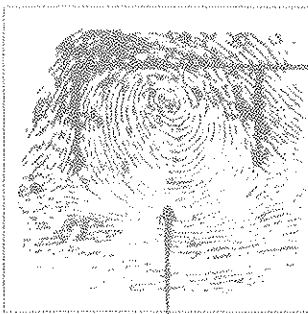
Do not use highlighter on fingerprint cards.
 Do not use white or black ink on the fingerprint card.
 Do not use white or black ink on the fingerprint card.



CENTER OF LOOP

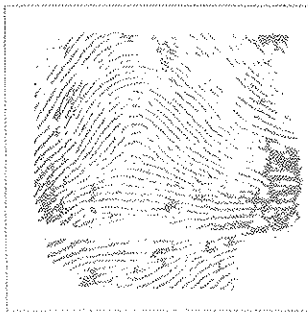
DELTA

THE LINE BETWEEN CENTER OF LOOP AND DELTA MUST SHOW



DELTA

THE DELTA LINE BEGINNING IN THE VALLEY OF THE VALLEY OF THE VALLEY



DELTA

AND MUST HAVE NO DELTA

Do not use highlighter on fingerprint cards.
 Do not use white or black ink on the fingerprint card.
 Do not use white or black ink on the fingerprint card.

Impressions of the fingers must be taken in the following order: 1. Right index, 2. Right middle, 3. Right ring, 4. Right little, 5. Right thumb, 6. Left index, 7. Left middle, 8. Left ring, 9. Left little, 10. Left thumb.

PRIVACY ACT STATEMENT

Authority: The FBI's request for personal information is based on the information provided by you. The information is used for the purpose of identifying you and determining your eligibility for the program. The information is used for the purpose of identifying you and determining your eligibility for the program. The information is used for the purpose of identifying you and determining your eligibility for the program.

Social Security Account Number (SSAN): Your SSAN is required for the purpose of identifying you and determining your eligibility for the program. The information is used for the purpose of identifying you and determining your eligibility for the program.

Principal Purpose: The principal purpose of this information is to identify you and determine your eligibility for the program. The information is used for the purpose of identifying you and determining your eligibility for the program.

Retention Dates: The information will be retained for the purpose of identifying you and determining your eligibility for the program. The information is used for the purpose of identifying you and determining your eligibility for the program.

Additional Information: The information provided on this card is for the purpose of identifying you and determining your eligibility for the program. The information is used for the purpose of identifying you and determining your eligibility for the program.

INSTRUCTIONS.

- 1. The information provided on this card is for the purpose of identifying you and determining your eligibility for the program.
- 2. The information is used for the purpose of identifying you and determining your eligibility for the program.
- 3. The information is used for the purpose of identifying you and determining your eligibility for the program.
- 4. The information is used for the purpose of identifying you and determining your eligibility for the program.
- 5. The information is used for the purpose of identifying you and determining your eligibility for the program.

FORM NO. 1-77

U.S. GOVERNMENT PRINTING OFFICE

AUTHORIZATION AND RELEASE

I, _____, hereby authorize the Division of Criminal Investigation for the State of South Dakota to release to _____ 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 _____, 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.

Dated this _____ day of _____, 20____, at _____.

Witness: _____

(SIGNATURE REQUIRED)

Witness: _____

Mail Response To: _____

From DIVISION OF CRIMINAL INVESTIGATION
GEORGE S. MICKELSON BUILDING
1302 EAST HIGHWAY 14, SUITE 5
PIERRE, SD 57501-8505

ENVELOPE SIZE REQUIRES ADDITIONAL POSTAGE

FIRST CLASS

DIV. OF CRIMINAL INVESTIGATION
GEORGE S. MICKELSON BUILDING
1302 E. HWY. 14, SUITE 5
PIERRE, SOUTH DAKOTA 57501-8505

DO NOT FOLD