



**INVESTIGATION AUTHORIZATION**  
AUTHORIZATION TO RELEASE INFORMATION

I, \_\_\_\_\_ hereby authorize the South Dakota Lottery through its authorized representative, the Office of the Attorney General, Division of Criminal Investigation, to conduct an investigation into my personal background using whatever legal means it deems appropriate. Persons requested to provide information, which the South Dakota Lottery or its authorized representative determines is necessary, are hereby authorized to provide such information.

I understand that by signing this authorization, a background investigation including criminal history and credit reports will be conducted. I further 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 "non-public" under the provisions of SDCL 23A-27-17. I authorize the South Dakota Lottery to obtain a credit report in conjunction with this investigation.

It is hereby understood that the South Dakota Lottery will conduct a complete and comprehensive investigation to determine the accuracy of all information gathered. However, the South Dakota Lottery, its Executive Director, employees, agents, authorized representative and other employees of the State of South Dakota, shall not be held liable for inaccurate information, if a good faith effort has been made to verify and substantiate all information and facts.

The South Dakota Lottery reserves the right to investigate all relevant information and facts to its satisfaction. I authorize the South Dakota Lottery to release information from the investigation to the person(s) on whose behalf this form was filed.

The following information must be provided. This information must be clearly printed or typewritten.

LEGAL NAME: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street or Box Number

\_\_\_\_\_ City State Zip

BIRTHDATE: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

Subscribed and Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_.

Witness my hand and official seal.

(SEAL)

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_