



**CODINGTON COUNTY SHERIFF'S OFFICE**  
**14 First Avenue Southeast**  
**Watertown, SD 57201**

**Phone 605-882-6280**  
**Fax 605-882-6283**

Fax to: Human Services Center Administration Office  
605-668-3460

Return to: Codington County Sheriff's Office  
605-882-6283

**Release of Information for Permit to Carry a Concealed Weapon (SDCL 23-7-7.1)**

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Maiden Name or Alias (Please Print)

\_\_\_\_\_  
Social Security Number

I hereby authorize the South Dakota Human Services Center to respond to the Codington County Sheriff's Office regarding the following question pertaining to services I may have received for a period of ten (10) years prior to the date of my signature.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

Was the above-named person a patient at the South Dakota Human Services Center during a period of ten (10) years prior to the date of signature and found to be a "danger to others" or a "danger to self" as defined by SDCL 27A-1-1?

Yes

No

\_\_\_\_\_  
Signature of HSC Staff Responding

\_\_\_\_\_  
Date