

Release of Information Form

Section I. To be completed by the new employer, signed by the employee, and transmitted to the previous employer:

Employee Name: _____
(Please Print)

Employees SSN or ID Number Used With Previous Employer: _____

I hereby authorize release of information pertaining to my Department of Transportation regulated drug and alcohol testing records by my previous employer(s) listed in Section I-B, to the employer listed in Section I-A. This release is in accordance with DOT Regulations 49 CFR Part 40, Section 40.25. I understand that information to be released in Section II by my previous employer(s) is limited to the following DOT regulated testing items:

- Alcohol tests with a result of 0.04 or higher
Verified positive drug test(s)
Refusal(s) to test
Other violation(s) of DOT agency drug and alcohol testing regulations
Information obtained from previous employers of a drug and alcohol rule violation
Documentation of "any" completion of the return-to-duty process following a rule violation

Employee Signature: _____ Date: _____

Section I-A

New Employer Name: _____

Address: _____

Phone: _____ Fax: _____

Designated Employer Representative (DER): _____

Section I-B

Previous Employer Name: _____

Address: _____

Phone: _____ Fax: _____

Designated Employer Representative (DER): _____

Section II. To be completed by the previous employer and transmitted to the new employer:

II-A In the two years prior to the date of the employee's signature (in Section I), for DOT regulated testing:

- 1. Did the employee have alcohol tests with a result of 0.04 or higher? Yes No
2. Did the employee have verified positive drug tests? Yes No
3. Did the employee refuse to be tested? Yes No
4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? Yes No
5. Did a previous employer report a drug/alcohol rule violation to you? Yes No
6. If you answered yes to any of the above questions, did the employee complete the required return to duty process? Yes No

If you answered yes to item 5, you must provide the previous employer's report. If you answered yes to item 6, you must also transmit the appropriate return to duty documentation (e.g. SAP report(s), follow-up testing records).

II-B

Name of person completing this form: _____ Phone: _____

Title: _____ Date: _____