



Code No. 403.7E3

CONSENT FOR REQUEST OF INFORMATION

ATTENTION: Board Secretary

COMPANY:

FAX:

DATE OF REQUEST: DRIVER:

SOCIAL SECURITY NUMBER:

Dates of Employment: F T FT FT

In the past two years, has the driver: Y N Tested positive for alcohol at a level of .04 or greater. If yes,

Tested positive for drugs. If yes, list date(s) and type of test

Refused either a drug or alcohol test. If yes, list date(s) and

I certify that the above information is accurate.

Substance Abuse Program Coordinator Date

I hereby authorize the company listed above to release my alcohol and drug screen information

COMPANY:

ADDRESS:

FAX:

Driver's Signature

Date

By federal regulation this information must be on file in our office within two weeks of hire. Please fax or return this form to the address listed above at once. Please direct any questions to the above name and address.