

Code No. 403.6-E3
CONSENT FOR REQUEST OF INFORMATION

_____ _____
Tested

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

ATTENTION: **SUBSTANCE ABUSE**

PROGRA

COMPANY:

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

FAX:

DATE OF REQUEST:

_____ **I certify that the above information is accurate.**

DRIVER _____

Substance Abuse Program Coordinator
Test

SOCIAL SECURITY NUMBER

1. Dates of Employment: From:
_____ To:

.....

.....

I hereby authorize the company listed above to release my alcohol and drug screen information to the following company: **Keota Community School District**

P.O. Box 88

_____ To:

_____ To:

From:

From:

Keota, IA 52248

FAX: 641-636-

2. In the past two years, has the driver:

Yes

No

Driver Signature

Date

Tested positive for alcohol at a level or .04 or greater. If

yes, list date(s) and type of test.

By federal regulations this information must beon 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 Superintendent, address above.

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RECORDS TO BE RELEASED FROM: ____

related to the U.S. DOT drug and alcohol regulations.

Company Name: _____

Address: _____

Named/Signature/Title
Date

Telephone/other: _____

RECORDS TO BE RELEASED TO: _____

School District Contact Person: _____

Address: _____

Requested information enclosed

I certify, to the best of my knowledge, the company named above has a U.S. DOT drug and alcohol testing program conforming to U.S. DOT requirements in place and the above named individual participated in such program from _____ to _____ and, within the two years preceding this request, had no alcohol test results of 0.04 breath alcohol concentration or greater, no positive drug test results, no refusals to be tested for drugs or alcohol, no substance abuse professional evaluations, no recommended treatment for substance abuse, or other violations