

“Release of Information Form -- 49 CFR Part 40 Drug and Alcohol Testing”

Section I.

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

Employee Printed or Typed Name:

Employee SS or ID Number:

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

1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

Employee Signature: _____ Date: _____

I-A.

New Employer Name:

Address:

Phone #: _____ Fax #: _____

Designated Employer Representative:

I-B.

Previous Employer Name:

Address:

Phone #: _____ Designated Employer Representative (if known): _____

