Code No. 403.8E3

CONSENT FOR REQUEST OF INFORMATION

ATTENTION: SUBSTANCE ABUSE PROGRAM COORDINATOR

COMPANY: _____

FAX: _____

DATE OF REQUEST _____

DRIVER: _____

SOCIAL SECURITY NUMBER: _____

1. Dates of Employment: From: _____ To: _____
   From: _____ To: _____
   From: _____ To: _____

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

YES	NO	
o	o	Tested positive for alcohol at a level of .04 or greater. If yes, list date(s) and type _____
o	o	Tested positive for drugs. If yes, list date(s) and type of test below: _____
o	o	Refused either a drug or alcohol test. If yes, list date(s) and type of test below: _____

I certify that the above information is accurate.

_____ _____
Substance Abuse Program Coordinator Date

I hearby authorize the company listed above to release my alcohol and drug screen information to the following company.

COMPANY: _____

ADDRESS: _____

FAX: _____

_____ _____
Driver 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.