

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.

Have you worked for a DOT regulated employer in the last two years? _____

Have you tested positive, or refused to test, on any pre-employment drug/alcohol test? _____

Employee Signature: _____ Date: _____

I-A

New Employer Name:		Designated Employer Representative:	
Address:	City:	State:	Zip Code:
Phone # :		Fax # :	

I-B

Previous Employer Name:		Designated Employer Representative (if known):	
Address:	City:	State:	Zip Code:
Phone #:		Fax #:	

Section II: To be completed by the previous employer and transmitted by mail or fax 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 <input type="checkbox"/>	No <input type="checkbox"/>
2. Did the employee have verified positive drug tests?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Did the employee refuse to be tested?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Did the employee have other violations of DOT agency drug and alcohol testing regulations?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Did a previous employer report a drug and alcohol rule violation to you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process?	Yes <input type="checkbox"/> N/A <input type="checkbox"/>	No <input type="checkbox"/>

NOTE: 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 record).

II-B

Name of person providing information in Section II-A:	Date:
Title:	Phone #: