

Release of Information Form

Section I. To be completed by the new employer, signed by the employee, and transmitted to the previous employer;

Employee Printed 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 IA, to the employer listed in Section IB. This release is in accordance with DOT regulation 49 CFR Part 40, Section 25. I understand that information to be released in Section II-A by my previous employer, is limited to the following items in for the past two years:

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. Documentation, if any, of completion of the return-to-duty process following a rule violation;
6. Information obtained from previous employers of a drug and alcohol rule violation.

A. Employee Signature: _____

Date: _____

Previous Employer Name: _____

Address: _____

Phone #: _____

Fax #: _____

B. New Employer Name: _____

Address: _____

Phone #: _____

Fax #: _____

Designated Employer Representative: _____

Section II. To be completed by the previous employer and transmitted to the new employer;

A. In the previous two years, for DOT-regulated testing;

- i. Did the employee have alcohol tests with a result of 0.04 or higher?
 No Yes
- ii. Did the employee have verified positive drug tests?
 No Yes
- iii. Did the employee refuse to be tested?
 No Yes
- iv. Did the employee have other violations of DOT agency drug and alcohol testing regulations?
 No Yes
- v. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process?
 No Yes
- vi. Did a previous employer report a drug and alcohol rule violation to you?
 No Yes

[NOTE: Previous employer, if you answered "yes" to any item in Section II-A, you must also transmit a copy/copies of the appropriate documentation (e.g., CCFs, MRO results reports, BATFs, SAP reports, follow-up testing record) to the new employer.]

B. Name of person providing information in Section II-A:

Title: _____

Phone #: _____

Date: _____