

CONSENT FOR REQUEST OF INFORMATIONATTENTION: 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	
_____	_____	Tested positive for alcohol at a level of .04 or greater. If yes, list date(s) and type _____ _____
_____	_____	Tested positive for drugs. If yes, list date(s) and type of test below: _____ _____
_____	_____	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 hereby authorize the company listed above to release my alcohol and drug screen information to the following:

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.