## CONSENT FOR REQUEST OF INFORMATION

			ABUSE PROGRAM COORDINATOR
FAX			
		JEST:	
		RITY NUMBEI	R:
1. Dates of Employment		ployment	From: To:
			From: To:
			From: To: From: To:
2.	In the past tv	vo 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: The Oskaloosa Community School District ADDRESS: 1800 N 3<sup>rd</sup> St, Oskaloosa, IA 52577 FAX: 641-672-0121

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.