

RELEASE AUTHORIZATION DOT DRUG & ALCOHOL TESTING INFORMATION

Section I: To be completed by the employee.

EMPLOYEE NAME: _____ SSN: _____

This release is in accordance with DOT regulation 49 CFR Part 40, Section 40.25. I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed below, to the new employer, listed below. I understand that information to be released 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.

Previous Employer Name	Address	Phone Number

To the requesting employer / individual, and its agent Compliance Background Screening Services (CBSS):

New Employer Name	Address	Phone Number

EMPLOYEE SIGNATURE: _____ DATE: _____

Section II: To be completed by previous employer and faxed to 800-403-9044 or emailed to compliance@2cbss.com along with the general employment verification information.

Controlled Substances and Alcohol Testing Information

In the previous two years, in regards to DOT-regulated testing:

1. Did the employee have alcohol tests with a result of 0.04 or higher?	No	Yes	
2. Did the employee have any verified positive drug tests?	No	Yes	
3. Did the employee refuse to be tested?	No	Yes	
4. Did the employee have other violations of DOT agency drug and alcohol testing regulations?	No	Yes	
5. Did a previous employer report a drug and alcohol rule violation to you? <i>If yes, please provide the previous employer's report along with this form.</i>	No	Yes	
6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? <i>If yes, please provide appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).</i>	N/A	No	Yes

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

