## **CONFIDENTIAL**

## AUTHORIZATION FOR RELEASE OF INFORMATION FROM PREVIOUS EMPLOYER ON US DOT DRUG AND ALCOHOL TESTING

(A <b>separate form</b> must be filled out for each US DOT-regulated employer who employed the applicant during the two-year period prece the date of the employee's application or transfer)	
I,	, authorize that:
Finit First Name, winddie minai, Last Name	Last 4 digits of Social Security Number
Previous Employer:	
Street Address or P.O. Box:	Telephone:
City, State, Zip	Fax:
may release the information requested below	concerning my US DOT drug and alcohol testing records to:
Contact Person:	
Prospective Employer:	
Street Address or P.O. Box:	Telephone:
City, State, Zip	Fax:
Applicant's Signature	Date
This information will be used solely for the	purpose of ascertaining whether I am eligible to perform safety-sensitive
functions for the	This authorization for release
of information is valid for one year from the	date of signature.
COM	PLETED BY PREVIOUS EMPLOYER
below and return this form;	e in US DOT-regulated drug and alcohol testing while under your employment. Then sign this employee's US DOT-regulated drug and alcohol testing history while employed with
5. Has a previous employer reported a drug and	test result in the last two years?  Alcohol test in the last two years?  Y N  Y N  Y N  Y N
	provide the previous employer's report. If you answered <b>"yes" to item 6</b> , you must also tation (e.g. SAP report(s), follow-up testing record).
Previous Employer's Signature	 Date

Please return this form to the prospective employer at the address listed above.