

**EMPLOYER NAME/LOGO**

**Release of Information Form – 49 CFR Part 40 Drug and Alcohol Testing**

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

Employee Name: \_\_\_\_\_ SS/ID Number: \_\_\_\_\_

I hereby authorize release of information from my DOT-regulated drug and alcohol testing records by my previous employer, listed in *Section I-B* to the employer listed in *Section I-A*. This release is in accordance with DOT Regulation 49 CFR Part 40, section 40.25.

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**

***I-A:***

New Employer Name: \_\_\_\_\_

Designated Employer Representative: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

***I-B:***

Previous Employer Name: \_\_\_\_\_

Designated Employer Representative: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

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

***II-A:***

In the two years prior to the date of the employee’s signature (in Section I), for DOT-regulated testing:

1. Did the employee have alcohol tests with a result of 0.04 or higher? **Yes** \_\_\_ **No** \_\_\_
2. Did the employee have verified positive drug tests? **Yes** \_\_\_ **No** \_\_\_
3. Did the employee refuse to be tested? **Yes** \_\_\_ **No** \_\_\_
4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? **Yes** \_\_\_ **No** \_\_\_
5. Did a previous employer report a drug and alcohol rule violation to you? **Yes** \_\_\_ **No** \_\_\_
6. If you answered “Yes” to any of the above items, did the employee complete the return to duty process? **Yes** \_\_\_ **No** \_\_\_

***II-B:***

Person providing information in Section II-A:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone #: \_\_\_\_\_ Date: \_\_\_\_\_