

RELEASE OF INFORMATION FORM – 49 CFR PART 40 DRUG AND ALCOHOL TESTING

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

Employee Printed or Typed Name \_\_\_\_\_

SS or ID Number \_\_\_\_\_

I hereby authorize release of information from my Department of Transportation 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. I understand that information to be released in Section II-A 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.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

**I-A**

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

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

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

**I-B**

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

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Designated Employer Representative (if known) \_\_\_\_\_

**Section II. To be completed by the previous employer and transmitted by mail or fax 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? N/A \_\_\_ Yes \_\_\_ No \_\_\_

*NOTE: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).*

**II-B.**

Name of person providing information in Section II-A \_\_\_\_\_

Title \_\_\_\_\_

Phone Number \_\_\_\_\_ Date \_\_\_\_\_