**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 1-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 #:

***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**

1. Did a previous employer report a drug and alcohol rule violation to you? **Yes No**
2. 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: