

**EMPLOYER NAME/LOGO****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 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 US 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:** (3 years for FMCSA)  
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 US 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: \_\_\_\_\_