

CCSD#2 AUTHORIZATION FOR RELEASE OF ALCOHOL AND DRUG TESTING INFORMATION

GBCCB-E2

To: Each of the undersigned's employers within the two preceding years

Name of Employer	Complete Address	Phone No.	Dates of Employment

To each of the above-named employers:

1. You are hereby authorized and directed to furnish and release any and all information concerning the following within the preceding two years from the date of this Authorization:
 - A. Any and all information on my alcohol tests with a concentration result of 0.04 or greater;
 - B. Any and all information on any positive controlled substance test results; and
 - C. Any and all information concerning refusals to be tested.
 - D. If no tests were given or conducted, check here _____ and sign

Please sign here _____ return sheet to below address or fax or email

2. This information should be sent to:
 - Carbon Co. School District No. 2
 - Attn: Superintendent/Testing Results
 - P.O. Box 1530
 - Saratoga, WY 82331
 - Fax: 307-326-8089 or email rjones@crb2.org

Any questions concerning this Authorization should be directed to the Superintendent/Testing Results at (307) 326-5271.

3. This Authorization for Release of Alcohol and Drug Testing Information is intended to waive any privilege which I may assert with regard to the documents listed above. I understand Carbon Co. School District No. 2 is required, under Federal Regulations, to obtain this information
4. This Authorization for Release of Alcohol and Drug Testing Information is intended to comply with the requirements of Section 382.418 of the *Federal Motor Carriers Rules and Regulations* as prescribed by the U.S. Department of Transportation, Federal Highway Administration. The release of information by the above-named employers may take the form of personal interviews, telephone interviews, letters, facsimiles or any other method providing information that insures confidentiality. I understand Carbon Co. School District No. 2 must maintain a written, confidential record with regard to each past employer contacted.

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5. A photo copy of this Authorization for Release of Alcohol and Drug Testing Information shall serve in same stead as an original and may be considered by each of the above as though the original was presented.

6. I hereby state that the above information as to all employers within the two preceding years is accurate and complete.

Social Security No.

Print Name:

Signature:

Address:

Phone Number(s):

State of _____)
County of _____) :ss

Head Bus Driver Initials: _____

The above and foregoing instrument was acknowledged before me by _____,
this _____ day of _____ 20_____.

Witness my hand and official seal.

Notary Public

My Commission Expires

For Office Use Only

Authorization for release sent/information received:

Name of Employer:	Date Sent:	Date Received:		By Whom:

1/2014

Reviewed: 4/18/2016