

Consent for Release of Alcohol and Drug Testing Data

Section I – To be completed by the Applicant (for positions requiring a CDL only)

Name: _____ **Social Security #:** _____

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed below, to Mississippi State University. 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 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:** _____

Previous Employer Name: _____

Address: _____

City: _____ **State:** _____ **ZIP:** _____

Phone Number: _____ **Fax Number:** _____

Contact Name: _____

Section II – To be completed by the previous employer and transmitted via fax or mail to:

Mississippi State University
Human Resources Management
Box 9603
Mississippi State, MS 39762-9603
Phone: (662) 325-3713 Fax: (662) 325-8395

In the two years prior to the date of the employers signature (in Section I), for DOT-regulated testing –

- | | |
|---|--|
| 1. Did the employee have alcohol tests with a result of 0.04 or higher? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Did the employee have a verified positive drug test? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Did the employee refuse to be tested? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Did a previous employer report a drug and alcohol rule violation to you? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Not Applicable <input type="checkbox"/> Yes <input type="checkbox"/> 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 (ex., SAP report(s), and follow-up testing record).

Name of person providing information in section II: _____

Title: _____

Phone: _____ **Date:** _____