



Catholic Diocese of Evansville
Catholic Schools Office
 4200 N. Kentucky Ave • P.O. Box 4169
 Evansville, Indiana 47724-0169
 Phone: (812) 424-5536 • Fax: (812) 424-0973
 Web Address: www.evdio.org

Release of Information Form – 49 CFR Part 40 Drug and Alcohol Testing

Section 1: To be completed by the new employer, signed by the employee, and transmitted to the previous employer.

Employee Printed or Typed Name: _____

Employee SS or ID Number: _____

I hereby authorize the 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: _____

Section I-A.

New Employer Name: _____

Address: _____

Phone Number: _____

Fax Number: _____

Employer Representative: _____

Title: _____

Section I-B.

Previous Employer: _____

Address: _____

Phone Number: _____

Fax Number: _____

Employer Representative: _____

Title: _____

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

Section 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).

Section II-B.

Name of person providing information in Section II-A.: _____

Title: _____

Phone Number: _____

Date: _____