



CHIPPEWA VALLEY SCHOOLS

19120 Cass Avenue, Clinton Township, MI 48038

(586)-723-2000 FAX (586) 723-2001

Chippewa Valley Schools- Setting the Standard for Educational Excellence

Inspiring and empowering learners to achieve a lifetime of success

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

Section I. To be completed and signed by the new employee and transmitted to the previous employer listed below:

Employee Name (print clearly): _____

Employee SS (last four digits) or ID Number: _____

I-A In the three years prior to the date of your signature below, for DOT-regulated testing:

- | | | |
|--|-----------------|--------------------------------|
| 1. Did you have alcohol tests with a result of 0.04 or higher? | YES ____ | NO ____ |
| 2. Did you have verified positive drug tests? | YES ____ | NO ____ |
| 3. Did you refuse to be tested? | YES ____ | NO ____ |
| 4. Did you 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 you complete the return-to-duty process? | N/A ____ | YES ____ NO ____ |

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in *Section I-C*, to the employer listed in *Section I-B*. 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: _____

I-B

New Employer Name: Chippewa Valley Schools – Human Resources
 Address: 19120 Cass Ave, Clinton Twp, MI 48038
 Phone/Fax #: Phone: 586-723-2090 Fax: 586-723-2091
 Designated Employer Representative: Dawn Leone, Human Resources Supervisor

I-C

Previous Employer: _____

Address: _____

Phone #: _____

Designated Employer Representative (if known): _____

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

II-A In the three 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)

II-B

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

Title: _____

Phone #: _____ Date: _____