

**CONSENT FOR REQUEST OF INFORMATION
SUBSTANCE ABUSE PROGRAM**

**NO. 405.8
Exhibit C
(Triplicate Copies)**

ATTENTION: COORDINATOR

COMPANY: _____

FAX: _____

DATE OF REQUEST: _____

DRIVER _____

SOCIAL SECURITY NUMBER: _____

1. Dates of Employment:
From: _____ To: _____
From: _____ To: _____
From: _____ To: _____

2. In the past two years, has the driver:

YES NO

Tested positive for alcohol at a level of .04 or greater. If yes, list date(s) and type of test:

YES NO

Tested positive for drugs. If yes, list date(s) and type of test below:

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**NO. 405.8 cont.
Exhibit C**

YES NO

Refused either a drug or alcohol test. If yes, list date(s) and type of test below:

I certify that the above information is accurate.

Substance Abuse Program Coordinator

Date

I hereby authorize the company listed above to release my alcohol and drug screen information to:

Director of Human Resources
Burlington Community School District
1429 West Avenue
Burlington, Iowa 52601
Telephone: 319-753-6791
FAX: 319-753-6796

Driver Signature

Date

By federal regulation this information must be on file in our office within two weeks of hire. Please fax or return this form to the address listed above at once. Please direct any questions to the above name and address.

Approved: 07/28/03

Reviewed: 04/25/16

Revised: _____

11/12/18

08/07/23