

1 Great Falls School District

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3 **PERSONNEL**

5228F2

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**REQUEST FOR RECORDS**

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8 I, \_\_\_\_\_, an employee serving as a commercially licensed driver for  
9 the Great Falls School District complete this form to request any records pertaining to my use of  
10 drugs or alcohol, including any records pertaining to my drug or alcohol tests in accordance with  
11 District Policies 5228 and 5228P. If I chose to have these records forwarded to a third party, I am  
12 noting the contact information in the space provided on this form.

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\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

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\_\_\_\_\_  
Supervisor Receipt Signature

\_\_\_\_\_  
Date

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22 I authorize the District to send the requested records to the following individual or entity in  
23 accordance with the authorization outlined on this form.

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Policy History

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Adopted on: August 23, 2021