



Little Falls Community Schools

CREATING OUR FUTURE... ONE STUDENT AT A TIME.

Little Falls Community Schools | 1001 5th Avenue Southeast | Little Falls, MN 56345
Phone: 320-616-2200 | Fax: 320-616-2210

— BUS DRIVER OR DRIVER APPLICANT — AUTHORIZATION TO RELEASE INFORMATION

Section I. To be completed by the school district, signed by the bus driver, or driver applicant, and transmitted to the previous employer:

Employee Printed or Typed Name: _____

Employee SS or ID Number: _____

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-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.

School District Name: _____

Address: _____

Phone #: _____ Fax #: _____

Designated Employer Representative: _____

Section I-B.

Previous Employer Name: _____

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:

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 #: _____

Date: _____