



Glencoe-Silver Lake Public Schools

Independent School District #2859

Proudly serving the communities of Biscay, Brownton, Glencoe, New Auburn, Plato, and Silver Lake

BUS DRIVER OR DRIVER APPLICANT AUTHORIZATION TO RELEASE INFORMATION *Attachment B*

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 Social Security 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 _____ City, State _____ Zip _____

Phone Number _____ Fax Number _____

Designated Employer Representative _____

District Office ~ 1621 E 16th St. Glencoe, MN 55336 ~ 320-864-2499 Fax 320-864-6320
Glencoe-Silver Lake High School (Grades 9-12) ~ 1825 E 16th St. Glencoe, MN 55336 ~ 320-864-2400 Fax 320-864-6475
Glencoe-Silver Lake Junior High (Grades 7-8) ~ 1621 E 16th St. Glencoe, MN 55336 ~ 320-864-2400 Fax 320-864-6475
Lakeside Elementary (Grades 3-6) ~ 229 Lake Ave. Silver Lake, MN 55381 ~ 320-864-2500 Fax 320-327-3122
Lincoln Elementary (Grades K-2) ~ 1621 E 16th St. Glencoe, MN 55336 ~ 320-864-2666 Fax 320-864-6320

SECTION I-B.

Previous Employer Name _____

Address _____ City, State _____ Zip _____

Phone Number _____ Fax Number _____

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 the 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? ☐ Yes ☐ No ☐ N/A

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 _____