Consent for Release of Alcohol and Controlled Substance Testing Records

I _____, am seeking employment as a driver for Rock Hill School District Three of York County – RHSD3. Pursuant 1040 CFR 382.405 and 382.413, and as a condition of my employment with RHSD3, I authorize a representative of RHSD3 to obtain my results of any alcohol and drug testing records by mail or fax to:

RHSD3 Representative: Naomi Cauthen **Title:** Transportation Support Associate
Address: PO Box 10072
Rock Hill, SC 29731
Phone: (803) 980-2022 Fax: (803) 980-2025

The driver has given written consent in the release below.

PERSON FOR WHOM INFORMATION IS REQUESTED

Name: _____ SSN#: _____

I HEREBY AUTHORIZE YOU TO RELEASE ALCOHOL AND DRUG TESTING RESULTS FOR THE PAST TWO YEARS TO ROCK HILL SCHOOL DISTRICT THREE OF YORK COUNTY.

Signature: _____ Date: _____

DRIVER APPLICANT DO NOT WRITE BELOW THIS LINE

PREVIOUS EMPLOYER INFORMATION

_____ _____
Company Name Contact Person

_____ _____
Print Name of Person Completing Form Signature of Person Completing Form

Dates of Employment: From _____ **To** _____

In the past two years, has the above named individual had an alcohol test with a breath alcohol concentration of 0.04 or greater? _____ Yes _____ No

In the past two years, has the above named individual had a positive controlled substance test?
_____ Yes _____ No

In the past two years, has the above named individual refused to submit to an alcohol or controlled substance test?
_____ Yes _____ No

If you answered yes to any of the above questions, please provide the following:

_____ _____
Substance Abuse Professional Name Telephone Number

_____ _____
Address Date of positive test or refusal

_____
City State Zip