

CONSENT FOR REQUEST OF INFORMATION

ATTENTION: **SUBSTANCE ABUSE PROGRAM COORDINATOR**

COMPANY: _____

FAX: _____

DRIVER: _____ DATE OF REQUEST: _____

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:
- Tested positive for drugs. If yes, list date(s) and type of test below:
- 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 the following school district: Maquoketa Valley Community School District, 210 South Street, Delhi, Iowa 52223. Telephone: 563-922-9422. FAX: 563-922-2160

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.

DATE OF ADOPTION: December 13, 1995

DATE OF REVIEW: January 21, 2008

DATE OF REVISION: December 9, 1998

MAQUOKETA VALLEY COMMUNITY SCHOOL DISTRICT
DELHI, IOWA 52223