



## Release of Information Form

### **Section I.** To be completed by the new employer, signed by the employee, 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: \_\_\_\_\_

#### **I-A.**

New Employer Name: University of Iowa, Office of Risk Management, Insurance and Loss Prevention  
430 Plaza Centre One, The University of Iowa, Iowa City, Iowa 52242-2501

Phone #: 319-335-0010

Designated Employer Representative: Josey Bathke

#### **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:

**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).*

#### **II-B.**

Name of person providing information in *Section II-A*: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Phone #: \_\_\_\_\_

Date: \_\_\_\_\_