



Release of Information Form – 49 CFR Part 40 – Drug and Alcohol Testing

Section I. To be completed by the new employer, signed by the employee and transmitted to the previous employer.

Employee Name (Printed or Typed): _____

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 Regulation 49 CFR Part 40, Section 40.25. I understand that the information 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.

Have you worked for a DOT-regulated employer in the last 2 years? _____

Have you tested positive, or refused to test, on any Federal pre-employment drug/employee test? _____

Employee Signature: _____ Date: _____

I-A.

New Employer Name: NICTD

Address: 601 N.Roeske Av.

Michigan City, IN. 46360

Phone #: 219-874-4221 Fax: 219-872-5841

I-B.

Previous Employee 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 employer'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 and return 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 _____

Title: _____

Phone#: _____

Date: _____