University of Idaho
Prior Testing History Release of Information

Employee Name (printed): _____SSN#_____

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

I-A.   New Employer Name: ___University of Idaho_____

        Address: _____875 Perimeter Drive, MS 4332_____ Phone: __208-885-3050/208-885-3008__

        _____Moscow, ID 83832_____ Fax: _____208-885-3602_____

        Designated Employer Representative (DER): Feliza Doering, HR Background Check Coordinator **or** Brandi Terwilliger, Director of HR

I-B.   Previous Employer Name: _____ Dates of Employment: _____

        Address: _____ Phone: _____

        _____ Fax: _____

        Designated Employer Representative (DER): _____

Section II. To be completed by the previous employer and transmitted by mail or fax to the new employer:

II-A.   In the three years prior to the date of the employee's signature, for DOT-regulated testing:

      1. Did the employee have alcohol tests with a result of 0.04 or higher?

        Yes _____ No _____ Date: ____/____/____ (mm/dd/yy)

      2. Did the employee have verified positive drug tests?

        Yes _____ No _____ Date: ____/____/____ (mm/dd/yy)

      3. Did the employee refuse to be tested?

        Yes _____ No _____ Date: ____/____/____ (mm/dd/yy)

      4. Did the employee have other violations of DOT agency drug and alcohol testing regulations?

        Yes _____ No _____ Date: ____/____/____ (mm/dd/yy)

      5. Did a previous employer report a drug and alcohol rule violation to you?

        Yes _____ No _____ Date: ____/____/____ (mm/dd/yy)

      6. If you answered —yes‖ to any of the above items, did the employee complete the return-to-duty process?

        Yes _____ No _____ Date: ____/____/____ (mm/dd/yy)

***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).

<u>Preparer's Information</u>

Name (printed): _____ Title:_____

Phone #: _____ Email: _____

Preparer's Signature: _____ Date: _____