UF | Office of Human Resource Services
UNIVERSITY of FLORIDA

CMVO Drug Testing Program
Request for Information

TO: _____

RE: _____ _____ _____ _____
Name (First, M.I., Last) **Social Security #** **Signature** **Date**

The individual listed above has given written consent to release and forward to our office information associated with his/her U.S. Department of Transportation mandated alcohol and controlled substances testing records. Please complete this form and return it to**:**
University of Florida CMVO Drug Testing Program, P.O. Box 115008, Gainesville, Florida 32611-5008.
Fax: (352) 392-8329 Phone: (352) 392-4940

LEGAL REQUIREMENTS

This request complies with 49 CFR, Part 382.405 (f) & (h), as follows:

(f) Records shall be made available to a subsequent employer upon receipt of a written request from a driver. Disclosure by the subsequent employer is permitted only as expressly authorized by the terms of the driver's request.

(h) An employer shall release information regarding the driver's records as directed by the specific written consent of the driver authorizing release of the information to an identified person. Release of such information by the person receiving the information is permitted only in accordance with the terms of the employee's specific consent as outlined in Sec. 40.321 (b) of this title.

Sec. 382.413: Employers shall request alcohol and controlled substances Information from previous employers in accordance with the requirements of Sec. 40.25 of this title.

40.25(j) As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past three years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process (see paragraphs (b)(5) and (e) of this section).

PLEASE COMPLETE THE FOLLOWING

Has the individual listed above ever:

	YES	NO
1. refused a required test for drugs or alcohol during the past three years?	____	____
2. tested positive for a controlled substance during the past three years?	____	____
3. had an alcohol test with a breath alcohol concentration of 0.04 or greater during the past three years?	____	____

If the answer to any of the questions listed above is YES, please provide the following:

Name of Substance Abuse Professional the individual was referred to: _____
Address:_____
Phone Number:_____

Administrator providing this information:

Name:_____
Title: _____
Date: _____

To be completed by the University of Florida Commercial Motor Vehicle Operator Drug Testing Program Office.

Date faxed to previous employer _____
Date mailed to previous employer _____
Date received back _____