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# AUTHORIZATION FOR RELEASE OF

# INFORMATION FROM Texas A&M Forest Service

I acknowledge Texas A&M Forest Service has been requested to provide information to

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I understand the Department of Transportation regulations require an exchange of information between employers.

I hereby authorize Texas A&M Forest Service to disclose medical information including information from substance abuse professionals and/or regarding evaluations and/or recommendations made by such professionals, and drug and alcohol test results to

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. The release of the information shall be for the limited purposes of providing \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ with an opportunity to evaluate my suitability for employment and complying with the federal regulations.

This authorization to release the information and results is good for a period of up to and including 120 days from the date indicated below.

This information may include, but is not limited to: information from substance abuse professionals regarding evaluations or recommendations made by such professionals, and my medical information and reports including test results and refusals to be tested.

I acknowledge that executing this authorization is voluntary and I have the right to receive a copy of this authorization if I request one.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE SIGNATURE

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 PRINTED NAME

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DATE SUPERVISOR SIGNATURE

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 SUPERVISOR PRINTED NAME