# S:\Associate Director's Office\Administrative Procedures\Draft Admin Procedures\Admin Proc Tools\TFS Logo\TFS_RGB-maroon_gray_type.png

# AUTHORIZATION FOR RELEASE OF INFORMATION FROM PRIOR

# EMPLOYER TO TEXAS A&M FOREST SERVICE

I acknowledge Texas A&M Forest Service (TFS) is seeking information from my prior employers and, if I previously tested positive, from substance abuse professionals, medical review officers (MRO), and other professionals who may have been involved in evaluating me, testing me, and ensuring compliance with the Department of Transportation (DOT) regulations. I understand the DOT regulations require TFS to obtain this information.

I hereby authorize my prior employers, substance abuse professionals, rehabilitation professionals, laboratories, and MRO’s to disclose medical information including test results, evaluations as to what assistance I need or needed in resolving problems associated with alcohol misuse and controlled substances use, and rehabilitation information. The release of information shall be for the limited purpose of complying with the federal regulations and providing TFS with an opportunity to evaluate my suitability for employment and or for continued employment.

The above-identified health care providers and prior employers are authorized to release the information and results for a period of up to and including 2 years from the date indicated below.

This information may include, but is not limited to, information from prior employers, substance abuse professionals and other health care providers regarding evaluations, recommendations, test results, compliance with federal regulations, and information involving any refusals to be tested.

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

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

DATE APPLICANT SIGNATURE

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

APPLICANT PRINTED NAME

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

DATE WITNESS SIGNATURE

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

WITNESS PRINTED NAME