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

# AUTHORIZATION FOR TESTING LABORATORY TO

# RELEASE RESULTS TO TEXAS A&M FOREST SERVICE

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby authorize \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Laboratory to release to Texas A&M Forest Service (TFS) and its designated agents, the results of the laboratory test to which I have consented for the purpose of determining the presence of controlled substances or alcohol in my body.

I expressly understand and agree that TFS will review the results of these tests in connection with making a decision concerning my application for employment and or a decision concerning my continuing employment at TFS.

Other than for the purpose of making a determination concerning my application for employment and a decision concerning my compliance with U. S. Department of Transportation (DOT) regulations and continued employment at TFS, I understand TFS will not use or further disclose the medical information released pursuant to this authorization unless further expressly authorized by me or unless disclosure is required by law.

I understand I have the right to receive a copy of this authorization upon request.

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

DATE SIGNATURE

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

PRINTED NAME

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DATE WITNESS SIGNATURE

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

PRINTED NAME