



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.

APPLICANT SIGNATURE

DATE

APPLICANT PRINTED NAME:

WITNESS SIGNATURE

DATE

WITNESS PRINTED NAME: