



**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: