

**AUTHORIZATION AND REQUEST FOR INFORMATION**

**REQUESTING COMPANY:** Iowa State University, Office of Risk Management, 1700 Administrative Services Building, 2221 Wanda Daley Drive, Ames, IA 50011; Telephone: (515) 294-7711

**APPLICANT'S NAME:** \_\_\_\_\_

Please furnish the following information pursuant to 49 CFR Section 40.25. I, the applicant named above, hereby authorize and request my former employer, \_\_\_\_\_, located at \_\_\_\_\_, to release any and all information related to the incidents listed below, of which you as my former employer may have knowledge, that occurred during the previous two years, to Iowa State University.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**INFORMATION REQUIRED BY SECTIONS 40.25(b) & (c):**

	<b><u>Yes</u></b>	<b><u>No</u></b>
1. Has the named individual had an alcohol test with alcohol concentration of 0.04 or higher?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has the named individual had a controlled substance test with a verified positive result?	<input type="checkbox"/>	<input type="checkbox"/>
3. Has the named individual refused a controlled substance and/or alcohol test, or had a verified adulterated or substituted drug test result?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have there been any other violations of DOT agency drug and alcohol testing regulations?	<input type="checkbox"/>	<input type="checkbox"/>
5. Has the individual violated any DOT Drug and Alcohol return-to-duty requirements (including follow-up testing)?	<input type="checkbox"/>	<input type="checkbox"/>
6. Information related to this individual that has been received from prior employers is attached.	<input type="checkbox"/>	<input type="checkbox"/>

None in file:

**Company Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signed:** \_\_\_\_\_ **Title:** \_\_\_\_\_

Please identify the Substance Abuse Professional to whom you referred the individual if he/she tested positive or refused testing:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**Note: Failure to furnish information as required by 49 CFR 40.25(b) & (c) is a violation of 49 CFR 40.25. Failure to furnish the above information will result in documentation of such failure to comply. This documentation will be made available to any DOT agency with regulatory authority requesting it. The applicant will be notified.**