

**RELEASE OF INFORMATION FORM – 49 CFR PART 40  
DRUG AND ALCOHOL TESTING**

**Section I. Employee Release**

In connection with your offer of employment in a safety-sensitive position, the University is required to request the following information from any Department of Transportation-regulated employer who have employed you during any period during the two years before your date of hire or transfer into a safety-sensitive position:

1. Alcohol tests with a result of 0.04 or higher alcohol concentration
2. Verified positive drug tests
3. Refusals to be tested (including verified adulterated or substituted drug test results)
4. Other violations of DOT agency drug and alcohol testing regulations
5. Any documentation of completion of DOT return-to-duty requirements (including follow-up tests)

Item no. 1 above may include any test information obtained from other employers.

By signing below, I hereby authorize the University of Pennsylvania to request and my previous employers to provide any or all of the above-listed information, and I waive and release all claims and liability I may have against either the University or any previous employer arising out of any such request or the production of such records.

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Authorized Signature**

\_\_\_\_\_  
**Social Security Number**

\_\_\_\_\_  
**Full Name – PRINT LEGIBLY**

**Section II. Previous Employer Questionnaire**

Please answer the following questions yes or no. In the two years prior to the date of the employee's signature in Part I above,

- |   |                |
|---|----------------|
| 1. Did the employee have an alcohol test or tests with a result of 0.04 or higher?                    | Yes ___ No ___ |
| 2. Did the employee have a verified positive drug test or tests?                                      | Yes ___ No ___ |
| 3. Did the employee ever refuse to be tested?   | Yes ___ No ___ |
| 4. Did the employee ever violate DOT agency drug and alcohol testing regulations?                     | Yes ___ No ___ |
| 5. Did a previous employer report a drug and alcohol rule violation to you?                           | Yes ___ No ___ |
| 6. If you answered yes to any of the above items, did the employee complete a return-to-duty process? | Yes ___ No ___ |

Name of person responding: \_\_\_\_\_ Tel.: \_\_\_\_\_

*If you answered yes to any of the above questions, provide any available records or information associated with the test, refusal, other violation, or return-to-duty process to the following individual:*

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