



Minnesota State Colleges & Universities

COMMERCIAL DRIVERS' LICENSE DRUG AND ALCOHOL TESTING

Request/Consent for Information from Previous Employer Form

CDL-2
1/97

SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, _____, hereby authorize _____
Print Name (First, M.I., Last) Previous Employer

Previous Employer Address Previous Employer City, State, Zip Code

to provide all information on my Alcohol and Controlled Substances Testing/Training Records to (list campus program manager's name, address and phone number):

Date	Signature	Social Security No.
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This is in compliance with 49 CFR 382.405(f) and (h) that states:
 (f) Records shall be made available to a subsequent employer upon receipt of a written request from a driver. Disclosure by that subsequent employer is permitted only as expressly authorized by the terms of the driver's request.
 (h) An employer shall release information regarding driver's records as directed by the specific, written consent of the driver authorizing release of the information to an identified person. Release of such information by the person receiving the information is permitted only in accordance with the terms of the employee's consent.

SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

- | | | |
|---|-----|----|
| | YES | NO |
| 1. Has the person ever tested positive for a controlled substance in the last two years? | " | " |
| 2. Has this person ever had an alcohol test with a breath alcohol concentration of 0.04 or greater in the last two years? | " | " |
| 3. Has this person ever refused a required test for drugs or alcohol in the last two years? | " | " |

If YES to any of the above questions, please complete the following:

Substance abuse professional's name:		Phone:	
Address:	City:	State:	Zip:
Previous employer representative signature:			Date:

SECTION 3: TO BE COMPLETED BY CAMPUS REPRESENTATIVE

RELEASE OF INFORMATION	CONSENT FORM
Name of person interviewed from previous employer:	" Faxed . . . to previous employer
Interviewed by:	" Mailed . . .
Date:	INTERVIEW METHOD
Date received back:	" Phone " Mail " In person