

EXHIBIT F

**EUFAULA PUBLIC SCHOOL DISTRICT I-001
RELEASE OF INFORMATION**

I hereby authorize to release information related

to my participation in The Alcohol Testing Program and/or Controlled Substance Testing Program

of said organization to:

.Signature of Applicant:

It has been brought to our attention that

has participated in the Alcohol Testing Program and/or Controlled Substance Testing Program.

Under the auspices of 49 CFR 382, et al., Subpart C 382.301(b) and (c) we are requesting the following information in order to establish our need to require this applicant to take an alcohol and/or controlled substance test prior to employment.

DRUG TESTING PROGRAM - ALCOHOL TESTING PROGRAM

Name and Address(es) of the Program or Programs

Name and Address

Name and Address

Name and Address

Name and Address

- 1. The driver did/did not participate in the alcohol testing program. YES NO
- 2. The driver did/did not participate in the controlled substance testing program. YES NO
- 3. The alcohol program conforms to the testing requirements of 49CFS Part 40. YES NO
- 4. The controlled substance testing program conforms to testing requirements of 49CFR Part 40. YES NO
- 5. The driver is qualified under these rules and has not refused to be tested for alcohol or controlled substances. YES NO

Date the Driver was Last Teste: **For Controlled Substances** **For Alcohol**

Please attach a copy of the results of any test taken within the previous six (6) months and any violations of the prohibitions related to alcohol and controlled substance usage. (Total number of results attached

Total number of violations (attached) Signature of Responsible Party _____