

**The School Board of Broward County - CDL Authorization for Release of Information**

---

**Section I to be completed by new SBBC employer and signed by the prospective employee. Send section(s) I & II to SBBC Employee Health Testing Specialist for transmittal to previous employer.**

**Section I:** *Please complete Section I of this form for each of your new hire's former employers (within the last two years of date signed below).*

**RE: Prior Employer information** (please print)

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City, State, \*Zip (\*must be included)*

\_\_\_\_\_  
*Telephone Number w/area code*

I hereby authorize release of information from my Department of Transportation (DOT) regulated drug and alcohol testing records by my previous employer listed above, to the DER of the employer listed below. This release is in accordance with DOT regulations 49 CFR Part 40, Section 40.25. I understand that the information to be released by my previous employer is limited to the following DOT regulated testing items:

- \* verified positive drug tests
- \* all alcohol test results at or above 0.04
- \* all refusals to submit to drug and/or alcohol testing
- \* other violations of DOT agency drug and alcohol testing regulations
- \* information obtained from previous employers of a drug and alcohol rule violation
- \* documentation, if any, of completion of the return to duty process following a rule violation

I further agree that I have NOT tested positive or refused to test on any pre-employment drug or alcohol test administered by an employer to which I have applied for, but did not obtain, safety sensitive work covered by the DOT agency drug and alcohol testing rules during the past two years.

Send to DER: **Employee Health Testing Specialist  
Risk Management Dept. 11<sup>th</sup> floor  
600 SE Third Avenue  
Fort Lauderdale, FL 33301  
Fax # 754 321-2649**

I understand these results will be used to determine my eligibility to perform a safety sensitive function. Positive findings on a previous test, or any refusal to test, may result in a withdrawal of an offer of employment to me.

I further understand all communications regarding drug and/or alcohol testing results will be held in strictest confidence by the above individual and will not be released to any other parties without my express written consent, except as allowed by law.

Applicant signature: \_\_\_\_\_

Applicant printed name: \_\_\_\_\_

Applicant Social Security # or Personnel ID #: XXX-XX-\_\_\_\_\_

Date: \_\_\_\_\_

CDL#: \_\_\_\_\_

Class: (A) \_\_\_\_\_ (B) \_\_\_\_\_ (C) \_\_\_\_\_

**The School Board of Broward County - CDL Authorization for Release of Information**

---

**Section II:** To be completed by the previous employer and transmitted by mail or fax to SBBC Employee Health Testing Specialist (address & fax # located on page one of this form).

**Section II A:**

1. Did the employee have alcohol test with a result of 0.04 or higher? YES \_\_\_ NO \_\_\_
2. Did the employee have verified positive drug test? YES \_\_\_ NO \_\_\_
3. Did employee refuse to be tested? YES \_\_\_ NO \_\_\_
4. Did employee have other violations of DOT agency drug and alcohol testing regulations? YES \_\_\_ NO \_\_\_
5. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? NA \_\_\_ YES \_\_\_ NO \_\_\_
6. Did a previous employer report a drug and/or alcohol rule violation to you? YES \_\_\_ NO \_\_\_

*Note: Previous employer, if you answered yes to any item in Section IIA, you must also transmit a copy/copies of the appropriate documentation (e.g. CFFs, MRO results report, BATFs, SAP reports, follow-up testing record) to the new employer.*

**Section II B:** (please print)

RE: Person providing information in Section II A:

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

Title: \_\_\_\_\_

Phone#: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_