

**BOARD OF TRUSTEES
CARSON CITY SCHOOL DISTRICT**

**REGULATION No. 455
CLASSIFIED STAFF**

**RELEASE OF TESTING INFORMATION BY PREVIOUS EMPLOYER
APPENDIX C**

I, _____, hereby authorize _____
driver/applicant's name previous employer/company name

to release to _____
company contact new employer/company name

address city/state/zip

(_____) _____ (_____) _____
telephone fax

Results of any positive controlled substance tests, alcohol tests with a result of .04 or greater, evidence of refusal to be tested (including adulterated or substituted test results); other violations of the FMCSA alcohol and controlled substance testing rules and information on any required substance abuse professional (SAP) evaluation and compliance with SAP recommendations for the preceding three years.

This authorization is valid until withdrawn by me in writing.

Dated this _____ day of _____

Name of driver: _____

Signature of driver: _____

SS Number _____ Witness _____

Appendix C