

Woodridge Local School District

AUTHORIZATION TO RELEASE PERSONAL INFORMATION

Name of Applicant _____

Address _____ City _____ State _____ Zip _____

Telephone _____

During the past thirty (30) days, I have been a participant in the drug-testing program for CDL license holders that meets Federal requirements which has been conducted by:

_____.

During my employment I was properly tested for the use of controlled substances and alcohol.

I hereby authorize the release of the information on me collected from those tests to the _____ School District where I am now an applicant for a position requiring a CDL license. Such information is needed in order that I will not have to undergo pre-employment testing conducted by the District.

Signature

Date

Witness

Date