

Attachment 1

ACKNOWLEDGEMENT & CONSENT

I hereby acknowledge that I have been provided a copy of the ATWELL, LLC drug/alcohol policy requirements. I understand that disciplinary action up to and including termination, will result if I violate this policy.

I also hereby authorize and consent to disclosure by ATWELL, LLC and its agents, including, but not limited to, any collecting and testing agencies, of the drug and alcohol test results and any related information to customers of ATWELL, LLC and its authorized agents, assigns, or representatives.

Employee Signature

Date

Employee Name (Typed or Printed)

Employee ID (4 digit identifier)

*** This consent form is for release of NON-DOT tests. Please follow DOT regulations if you choose to submit DOT test results in place of non-dot in order to meet the requirements of a specific client***