
AUTHORIZATION TO RELEASE DOT AND ALCOHOL INFORMATION

Name: _____ Date of Birth: _____

Previous Name: _____ Social Security #: _____

I authorize _____ to
obtain DOT DRUG AND ALCOHOL information.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

This request and authorization applies to:

☐ DOT REGULATION 49 CFR PART 391.23

Definition: I authorize the release of information from my DOT regulated drug and alcohol testing records by the carriers (company/school) listed above to HireRight (formerly USIS) for the sole purpose of transmitting such records to Seagate Transportation Services, Inc. or directly to Seagate Transportation. I authorize release of the following information concerning DOT drug and alcohol testing violations including pre-employment tests during the past three years: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including verified adulterated or substituted results); (iv) other violations of DOT drug and alcohol testing regulations; (v) information obtained from previous employers of a drug and alcohol rule violation(s); and (vi) documents, if any, of completion of a return-to-duty process following a rule violation.

The information that I have authorized HireRight to review involves tests required by DOT. If any carrier (company/school) listed above furnishes HireRight with information concerning items (i) through (vi) above, I also authorize that carrier (company/school) to release and furnish the dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the past three-year period and the name and phone number of any substance abuse professional who evaluated me during the past three years.

☐ BY CHECKING THE BOX, I (a) acknowledge that I have read and understand the above and also have been giving the opportunity to copy/print it.

Signature: _____ Date Signed: _____