

**BOARD OF TRUSTEES  
CARSON CITY SCHOOL DISTRICT**

**ADMINISTRATIVE REGULATION No. 355  
CERTIFIED 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This authorization is valid until withdrawn by me in writing.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