

## Consent and Release of Drug Testing Results

I hereby authorize and consent the release of my drug and/or alcohol test results to TPS Alert. I also authorize my TPS Alert status, drug and alcohol test results and other program activity to TPS Alert and its agents including but not limited to any clients of TPS Alert of whose premises I have worked or may be seeking to work.

***\*\*Must check one of the following\*\****

- My test was a DOT drug and/or alcohol test performed on the following date: \_\_\_\_\_
- My test was a NON-DOT drug and/or alcohol test.

Name (Printed): \_\_\_\_\_

Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_