

# TEST RESULTS EMPLOYEE REQUEST FORM

UPON REQUEST, EMPLOYEES ARE ENTITLED TO ALL RECORDS ABOUT THEIR DRUG & ALCOHOL TESTS. AN EMPLOYER MUST PROVIDE RECORDS PROMPTLY. RELEASE OF THE RECORDS CANNOT BE CONTINGENT UPON RECEIVING ANY KIND OF PAYMENT FROM THE EMPLOYEE. EMPLOYERS ARE REQUIRED TO PROVIDE TEST RESULTS AND RETURN-TO-DUTY TESTING RECORDS.

SOURCE: DEPARTMENT OF TRANSPORTATION

TODAY'S DATE: \_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_

FULL ADDRESS: \_\_\_\_\_

TEST DATE: \_\_\_\_\_

TEST TYPE(S):

DER NAME: \_\_\_\_\_

DRUG  ALCOHOL

I, \_\_\_\_\_, OF \_\_\_\_\_  
full name employer name

HEREBY REQUEST A COPY OF MY TEST RESULTS, TO BE DELIVERED VIA:

E-MAIL  FAX  U.S. MAIL  I WILL PICKUP

PLEASE COMPLETE THE FIELD REPRESENTING YOUR SELECTED MODE OF DELIVERY.

E-MAIL ADDRESS: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
Street Address City, State Zip Code

X \_\_\_\_\_  
Employee Signature Social Security # or Employee ID Phone Number

MY SIGNATURE ABOVE CONFIRMS MY AUTHORIZATION FOR MY TEST RESULTS TO BE RELEASED, AND DELIVERED TO ME BY THE METHOD WHICH I HAVE INDICATED ABOVE.