



**City of Southfield**  
**Release of Information Form – 49 CFR Part 40 Drug and Alcohol Testing**

**Section I: To be completed by the new employer and signed by the employee and transmitted to the previous employer.**

Employee Name: \_\_\_\_\_ SS/ID Number: \_\_\_\_\_

I hereby authorize release of information from my DOT-regulated drug and alcohol testing records by my previous employer, listed in *Section I-B* to the employer listed in *Section I-A*. This release is in accordance with DOT Regulation 49 CFR Part 40, section 40.25.

\_\_\_\_\_  
**Employee Signature** \_\_\_\_\_  
**Date**

**I-A:**  
New Employer Name: City of Southfield  
Designated Employer Representative: Kimberly Gocha  
Address: Human Resources 26000 Evergreen Rd., Southfield, MI 48076  
Phone #: 248.796.4704 Fax #: 248.796.4715

**I-B:**  
Previous Employer Name: \_\_\_\_\_  
Designated Employer Representative: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

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**Section II: To be completed by the previous employer and transmitted to the new employer.**

- II-A:**  
In the two years prior to the date of the employee’s signature (in Section I), for DOT-regulated testing:
- 1. Did the employee have alcohol tests with a result of 0.04 or higher? Yes \_\_\_ No \_\_\_
  - 2. Did the employee have verified positive drug tests? Yes \_\_\_ No \_\_\_
  - 3. Did the employee refuse to be tested? Yes \_\_\_ No \_\_\_
  - 4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? Yes \_\_\_ No \_\_\_
  - 5. Did a previous employer report a drug and alcohol rule violation to you? Yes \_\_\_ No \_\_\_
  - 6. If you answered “Yes” to any of the above items, did the employee complete the return to duty process? Yes \_\_\_ No \_\_\_

Previous Employer Release of Information Form

**II-B:**

Person providing information in Section II-A:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone #: \_\_\_\_\_

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