LAST STEP CDL

*Do not bill School/Organization.

Release of Information for DOT Drug Screening/Testing Results

I, the undersigned, hereby authorize the release of my Department of Transportation (DOT) drug and/or alcohol testing results directly to the following school/organization. I understand that this information is confidential and will be used only for official purposes. This authorization complies with DOT and HIPAA requirements.

Student/Donor Information:

Full Name: _____

Date of Birth: _____

Phone/Email: _____

School/Organization Information:

Name of School/Organization: **LAST STEP CDL LLC**

Contact Person: **ADMIN: JORDAN W. GIBSON**

Address: **1709 HARMON RD. FORT WORTH, TX 76177**

Phone/Email: **(469) 943-1381 INFO@LASTSTEPCDL.COM**

Consent:

I authorize the testing facility and/or Medical Review Officer (MRO)

_____

to release my DOT drug and alcohol testing results directly to the above-named school/organization. I understand this release remains in effect until revoked in writing by me. I also understand that I have the right to receive a copy of this authorization.

Student/Donor Signature: _____ Date: _____

Witness (if applicable): _____ Date: _____