

# EMPLOYEE AUTHORIZATION TO RELEASE DRUG TEST RESULTS

## STEP 1: TO BE COMPLETED BY THE EMPLOYEE

This is my written request to obtain copies of my records pertaining to drug and/or alcohol test(s) information in your possession. I am requesting the information from:

Name of Employer: \_\_\_\_\_

Please provide: \_\_\_\_\_ Information in my file regarding my drug and/or alcohol test  
\_\_\_\_\_ Specific information \_\_\_\_\_  
*please specify*

I hereby authorize that the information as identified above be provided to the individual or organization listed below if other than myself.

Name of person or organization: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
**Date**

## STEP 2: TO BE COMPLETED BY THE STATE OF INDIANA

The information indicated by the employee has been provided as authorized by the above named employee to:

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

Address: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of person releasing information

\_\_\_\_\_  
Date

Comments: