REQUEST FOR PAST TEST RESULTS

To: _____*[Insert name of previous employer]*

From: _____*[Insert name and title of school representative]*

Subject: Request to obtain past drug and alcohol test results

Date: _____*[Insert date]*

_____ *[Insert applicant's name]* has advised us that he/she " worked for your company as a driver or that he/she " applied to your company for work as a driver, during the previous two (2) years.

Regulations of the Department of Transportation (DOT) (49 C.F.R. § 40.25) require us to obtain from your company, and **require your company to provide** to us, information concerning the above-named driver's past drug and alcohol test results (including refusals to be tested).

In accordance with DOT's regulations, therefore, we are providing you with the driver's written consent directing your company to provide us with the past drug and alcohol testing results, as set forth in the consent. A Report form to provide the requested information is also enclosed for your convenience.

Please send this information to

Crete Public Schools
930 Main Ave.
Crete, NE 68333-2292

as soon as possible, either by facsimile (FAX # (402) 826-5120) or by mail. As required by the DOT, the information which you furnish will be treated as strictly confidential.

Enclosures:

Document No. 1. Applicant's Consent to Obtain Past Drug and Alcohol Test Results.
Document No. 4. Report of Past Drug and Alcohol Test Results.