

To whom it may concern:

I, _____ (SSN: _____ Date of birth: _____)

Name

authorize my previous employer(s) for the 2 preceding years to release to the Office of Marine Affairs, Lamont-Doherty Earth Observatory, 61 RT 9W, Palisades, NY 10964, Phone 845-365-8846, Fax 845-359-6817, all information regarding incidents relating to drug and alcohol testing as per the following-

- * Alcohol test results of .04 or higher.
- * Verified positive drug tests.
- * Refusals to test (including adulterated/substituted test results).
- * Any other violation of DOT drug/alcohol testing rules.
- * With respect to any crewmember who has violated a DOT chemical testing regulation, documentation of the crewmember's successful completion of DOT return to duty requirements including follow up test results.

Name/Address/Phone of employer: _____

Signature _____ Date _____

For the employer, please answer yes or no regarding incidents relating to drug and alcohol testing. If answer, yes please explain on back.

1. Alcohol test results of .04 or higher. Yes No

2. Verified positive drug tests. Yes No

3. Refusals to test (including adulterated/substituted test results) Yes No

4. Any other violation of DOT drug/alcohol testing rules Yes No

5. With respect to any crewmember who has violated a DOT chemical testing regulation, documentation certifying the crewmember's successful completion of DOT return to duty requirements including follow up test results. Yes No

Name of verifying official _____

Company _____ Date _____