To whom it may concern:

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 results of .04 or higher. * Verified positive drug tests. * Kefusals to test (including adulterated/substituted test results). * Name/Address/Phone of DOT drug/alcohol testing regulation, documentation of the orewmember's successful completion of DOT return to duty requirements including follow up test results. Name/Address/Phone of employer:	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:	Ι,	(SSN:	Date of birt	h:)		
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