

Staff Welfare

Driver Drug Testing

EMPLOYEE CONSENT FORM FOR INQUIRIES
TO THE FMCSA DRUG AND ALCOHOL CLEARINGHOUSE

I, (driver's name), hereby consent to the _____ School District conducting an initial limited inquiry of the FMCSA's Clearinghouse to determine whether drug or alcohol violation information about me exists in the Clearinghouse. For existing employees, this consent will continue for a five (5) year period and subsequently will be repeated for another five (5) year period. I understand that if the limited inquiry conducted by the District indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to the District without first obtaining additional specific consent from me.

I understand that if I refuse to provide consent for the District to conduct a limited inquiry of the Clearinghouse, the District must prohibit me from performing safety-sensitive function, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

Employee Signature

Date
