



Environmental Studies in Woods Hole & at Sea

Sea Education Association | SEA Semester • P.O. Box 6 • Woods Hole, MA 02543 • 800.552.3633 • www.sea.edu

Release of Information Form 49 CFR Part 40 Drug and Alcohol Testing

SECTION I A-C: All three sections to be completed by new or returning employee. Please complete the first page and email it to the previous employer, then it should be returned to the SEA Marine Department:

Employee Name (please write legibly): _____

Employee SS # (last 4 digits): _____

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in SECTION I-B, to the employer listed in SECTION I-A. This release is in accordance with DOT Regulation 49 CFR Part 40, SECTION 40.25. I understand that information to be released in SECTION II-A by my previous employer, is limited to the following DOT-regulated testing items:

1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

Employee Signature: _____ **Date:** _____

SECTION I-A:

In the past two years, have you been either tested or been part of a random DOT drug testing program with an employer other than SEA? **YES** **NO**

If NO, please initial and date here and **this form is complete:** Initials: _____ Date: _____
(Please send to the SEA Marine Department when complete)

Only Complete these sections if you answered YES above.

Please complete the below section for every employer that fits in this category.

SECTION I-B:

New Employer Name: Sea Education Association

Phone #: 508-540-3954

Address: P.O. Box 6 Woods Hole, MA 02543

Designated Employer Representative: Laurie Weitzen, SEA Marine Department lweitzen@sea.edu

SECTION I-C: (EMPLOYEE TO COMPLETE)

Previous Employer Name: _____

Address: _____

Email: _____ Phone #: _____

Designated Employer Representative: (if known): _____

SECTION II A-B: To be completed **BY PREVIOUS EMPLOYER** and then transmitted to the SEA MARINE DEPARTMENT.

Employee Name (please write legibly): _____

SECTION II-A:

In the two years prior to the date of the employee's signature (in SECTION I), for DOT-regulated testing

1. Did the employee have alcohol tests with a result of 0.04 or higher? YES ____ NO ____
2. Did the employee have verified positive drug tests? YES ____ NO ____
3. Did the employee refuse to be tested? YES ____ NO ____
4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? YES ____ NO ____
5. Did a previous employer report a drug and alcohol rule violation to you? YES ____ NO ____
6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process?
N/A ____ YES ____ NO ____

NOTE: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

SECTION II-B:

Signature of person providing information in SECTION II-A : _____

Print Name of person providing information in SECTION II-A : _____

Title: _____

Name of Company: _____

Phone #: _____ Email: _____

Date: _____

Once completed, please return both pages (Sections I and II) to the SEA Marine Department
Email: lweitzen@sea.edu