

CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

I _____,
(EMPLOYEE / APPLICANT'S PRINTED NAME) (SOCIAL SECURITY #)

voluntarily give my consent for release of **test results, lab reports and treatment records** received through **(Clinic Name) Drug Free Workplace Testing Program** to the **Alabama Veterinary Professionals Wellness Program, and others as listed:**

for the purpose of complying with the **(Clinic Name) Drug Free Workplace Policy**.

I understand that copies of this original form shall have the same force and effect as the original.

(SIGNATURE OF EMPLOYEE/APPLICANT)

(DATE SIGNED)

(PRINTED NAME OF WITNESS)

(WITNESS' TITLE)

(SIGNATURE OF WITNESS)

(DATE SIGNED)