To: All Chilton County School Bus Drivers and Substitutes

From: Kelly Cummings, Secretary

Re: Drug and Alcohol Clearinghouse Consent Form

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby provide consent to Chilton County Board of Education to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse, Alpha Services, to determine whether drug or alcohol violation information about me exists in the Clearinghouse. This consent shall become effective as of the date of its execution and shall continue in effect for a period of one year from the date of its execution. I understand that if the limited query conducted by Chilton County Board of Education indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to Chilton County Board of Education without first obtaining additional specific consent from me. If the limited query does reveal a “hit” I agree that a full query can be conducted only at that time.

I further understand that if I refuse to provide consent for Chilton County Board of Education to conduct a limited query of the Clearinghouse, Chilton County Board of Education must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations. I understand and acknowledge that failure to perform my job duties may result in disciplinary action, up to and termination.

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|  DL Last Name | DL First Name | DOB | DL# |
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Employee Signature Date