



Work Comp Associates, Inc.

Florida's Premier Source for Workers' Compensation Coverage & Information

Consent to Release Drug Test Information

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Instructions to follow.

This form is provided courtesy of Work Comp Associates, Inc.

Mailing Address: P.O. Box 33297, Palm Beach Gardens, FL 33420-3297
Physical Address: 9250 Alternate A1A, Suite A, North Palm Beach, FL 33403-1437

Tel. # 561-863-9581
Fax. # 561-881-9745

THIS IS A SAMPLE ONLY. EMPLOYERS SHOULD CONFER WITH LEGAL COUNSEL BEFORE USING.

CONSENT TO RELEASE DRUG TEST INFORMATION *

[440.102(8)(b)]

I, _____, whose date of birth is _____ and whose social security number is _____, do hereby authorize the Records Custodian for _____ whose address is _____, to release all information and records relating to drug tests performed on any specimens provided by me, including any and all records, charts, reports, notes, test results, documents and correspondence to _____ whose address is _____. The above referenced information is being requested for the purpose of _____. The duration of this consent shall be for _____.

Name

Address

Telephone Number

(The person signing this consent form must be identified as the person tested and his/her signature must be verified.)

* Source: *2007 Workers' Compensation Desk Manual* by James N. McConnaughhey.