



STATE OF ARKANSAS
**Department of Finance
and Administration**

**OFFICE OF DRIVER SERVICES
Arkansas Commercial Driver
Drug and Alcohol Testing Database**

Ragland Building, Room 1130
Post Office Box 8079
Little Rock, Arkansas 72203-8079
Phone: (501) 682-7207
Fax: (501) 682-2075
<http://www.arkansas.gov/drugtest>

RELEASE OF RECORD OF ALCOHOL AND DRUG TESTS RESULTS

I, _____ do hereby authorize the Office of Driver Services to release my record of alcohol and drug tests results to:

Company name

Address

State

Zip

Signature _____ Date _____

Date of Birth _____

Driver License Number _____

This Consent is only valid for pre employment and employment purposes as required by Arkansas Code Annotated §27-23-207.