

AUTHORITY FOR RELEASE OF INFORMATION AND RECORDS
And
DRUG-ALCOHOL TESTING

In accordance with the Privacy Act of 1974 or other applicable law, I hereby authorize and consent to the release of information and records bearing on my personal history, academic record, job performance, arrests and convictions, if any, to Special Agents of the Department of Defense or Oklahoma Military Department. The information will be used for the purpose of determining my qualifications for employment with the Oklahoma Military Department. An offer of employment shall only extend to final candidates contingent upon a satisfactory outcome of the required background check.

I voluntarily authorize and consent to any drug or alcohol testing and understand that any offer of employment to me by OMD is conditional upon my successful completion of a drug test to confirm that there are no illegal or unauthorized substances in my system. I further voluntarily authorize and consent that OMD may request information from previous employer concerning any prior verified positive drug and alcohol test or a refusal to be tested.

Upon request, a copy of this signed statement may be furnished to the school, present or former employer, criminal justice agency, or other person furnishing such information or record. This authorization shall continue in force and effect until revoked by me in writing. A photostatic copy of this authorization shall be considered as valid as the original.

NAME (print): _____

RACE: _____

SEX: _____

DATE OF BIRTH: _____

SOCIAL SECURITY #: _____

DRIVERS LICENSE #: _____

STATE OF ISSUE FOR DRIVERS LICENSE: _____

SIGNATURE: _____

DATE: _____

PRIVACY ACT OF 1974 COMPLIANCE INFORMATION. The following information is provided in accordance with 5 U.S.C. 552a(e)(3) and other applicable law, including but not limited to Oklahoma Statute, Title 74, Section 840-2.11, and applies to this form. Authority for collection of the information is 44 U.S.C. 2907, 3101, and 3103, and E.O. 9397 of November 22, 1943. Disclosure of the information is voluntary. The principal purpose of the information is to assist the facility servicing the records in locating and verifying the correctness of the requested records or information to answer your inquiry. Routine uses of the information as established and published in accordance with 5 U.S.C. 552a(e)(4)(D) include the transfer of relevant information to appropriate Federal, State, or local law enforcement for use in civil, criminal, or regulatory investigations or prosecution. In addition, this form will be filed with the appropriate records and may be transferred along with the record to another agency in accordance with the routine uses established by the agency which maintains the record. If the requested information is not provided, it may not be possible to service your inquiry.