



REQUEST TO ACCESS DRUG TEST RECORDS



The purpose of this form is for an employee to formally request access or copies of documents pertaining to Drug Testing or Treatment / Rehabilitation.

As an applicant or an employee of the government of Guam, I request to access any records relative to my drug screening test and/or drug/alcohol treatment and rehabilitation. I understand that my complete records, including notes from the Medical Review Officer (MRO), screening information and test results will be released by the Department of Administration. By requesting such, I hereby release the Department of Administration and its officers and employees from any and all liabilities regarding the confidentiality of these records.

PART A: EMPLOYEE INFORMATION *(To be completed by the employee)*

I acknowledge receipt of this form and have read and understood its contents.

Date: _____

Employee's Name: _____ Social Security Number: XXX-XX _____

Position Title: _____ Date of Birth: _____

Department: _____ Section: _____

Purpose of Request: _____ Contact Number: _____

Employee Signature: _____

PART B: AUTHORIZATION RELEASE *(To be completed if the employee authorizes a representative to obtain copies)*

I, the abovementioned employee hereby acknowledge and authorize the following representative to obtain copies of my drug testing records.

Representative's Name: _____ Representative's Signature: _____

Employee Signature: _____

PART C: DFWP COORDINATOR / EAP ADMINISTRATOR *(To be completed by the Department of Administration)*

	YES	NO
1) Did employee attach a copy of his/her identification?	<input type="checkbox"/>	<input type="checkbox"/>
2) Did the authorized representative attached his/her identification?	<input type="checkbox"/>	<input type="checkbox"/>

_____ Signature of DOA DFWP Coordinator / EAP Administrator	DFWP – EAP STAMP RECEIVED:
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***** NOTHING AS FOLLOWS *****