



AUTHORIZATION TO RELEASE DRUG / ALCOHOL TESTING RESULTS AND PRE-EMPLOYMENT (DOT) PHYSICAL

I, _____, do hereby voluntarily authorize the City of McAllen to release results of such test(s) and I release the City of McAllen, and/or testing facilities and their medical personnel from any and all liability arising from the release or the use of this information. I have read this document and understand the contents of it.

Print Name

Employee ID No.

Signature

Date