



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.