**CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (EMPLOYEE / APPLICANT’S PRINTED NAME) (SOCIAL SECURITY #)

voluntarily give my consent for release of **test results, lab reports and treatment records** received through **(Clinic Name) Drug Free Workplace Testing Program** to the **Alabama Veterinary Professionals Wellness Program, and others as listed:**

for the purpose of complying with the **(Clinic Name)** Drug Free Workplace Policy.

I understand that copies of this original form shall have the same force and effect as the original.

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 (SIGNATURE OF EMPLOYEE/APPLICANT) (DATE SIGNED)

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(PRINTED NAME OF WITNESS) (WITNESS’ TITLE)

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(SIGNATURE OF WITNESS) (DATE SIGNED)