



CONSENT FOR RELEASE OF
CONFIDENTIAL INFORMATION

I _____,
(EMPLOYEE/APPLICANT'S PRINTED NAME) (SOCIAL SECURITY #)
voluntarily give my consent for release of

(PRINT THE INFORMATION TO BE RELEASED)
received through Championship Enterprises, Inc. Substance Use Testing Program to

(PRINTED NAME AND COMPANY/AGENCY OF PERSON TO RECEIVE THE DATA)
for the purpose of _____

(PRINT PURPOSE OF THE DISCLOSURE)

This consent is valid from _____ to _____
MONTH/DAY/YEAR MONTH/DAY/YEAR

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

(SIGNATURE OF EMPLOYEE/APPLICANT) (DATE SIGNED)

(PRINTED NAME OF WITNESS) (WITNESS' TITLE)

(SIGNATURE OF WITNESS) (DATE SIGNED)