

CONSENT AND DIRECTION TO RELEASE DRUG AND ALCOHOL TESTING INFORMATION

Consortium Name: Checkpoint Inc./Occupational Testing		
Managed by (name of Consortium owner): Hao , Tang		
Address:		
Phone:	Fax:	Email:

The following individual ("Enrollee") has been enrolled in the above-named Consortium. Pursuant to the Consent signed below, the Consortium is to provide ALC Schools, LLC ("ALC") with the types of testing results and information indicated below for the Enrollee named on this form.

Enrollee Name:	Last 4 of SS#:
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Please confirm that **ALL** types of testing indicated below are provided by Consortium for this Enrollee:

- Pre/Baseline Drug
- Random Drug and Alcohol
- Post-Accident Drug and Alcohol
- Reasonable Suspicion Drug and Alcohol

If checked, Pre/Baseline Alcohol testing is **ALSO** required by ALC client contract for this Enrollee

_____ **Initials by Consortium as confirmation**

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The Enrollee named herein does hereby authorize and direct the Consortium named herein, and Consortium hereby agrees, within 24 hours of such results/information being available, to release and provide via email or fax all results and information relating to drug and/or alcohol testing performed on any specimens provided by Enrollee, including any and all records, charts, reports, notes, documents, correspondence and status of enrollment in the drug and alcohol testing program described above to the following:

ALC Schools, LLC (ALC) Attn: DER and/or DAPM	912 W 1600 S. Building B Suite 104 St. George, UT 84770	Phone: (877) 225-7750 Fax: (833) 886-8660 Email: drugtest@alcschools.com

Consortium is also authorized and directed to release and agrees to release and provide the following to ALC:

1. This form as confirmation of Enrollee's enrollment in Consortium's program;
2. Copy of Consortium's policies and procedures (unless already on file with ALC);
3. Email alert (within 24 hours) when Enrollee has been removed from the program; and
4. Confirmation that program will supply ALC with annual reporting on random testing numbers.

Enrollee:

Consortium (Agreed and Approved):

Signature of Enrollee

Signature of Consortium Representative

Date

Date

