General Consent for Limited Queries of the Federal Motor Carrier Safety Administration (FMCSA) Drug and Alcohol Clearinghouse

I, (Driver Name), hereby provide consent to DC West Community Schools ("District") to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violation information about me exists in the Clearinghouse. This consent is valid for so long as I remain an applicant for, or an employee of, the District for a position that requires a CDL.

I understand that if the limited query conducted by the District indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to the District without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for the District to conduct a limited query of

the Clearinghouse, t	the District mus	t prohibit me	from perfo	rming safety-s	ensitive fi	ınctions,
including driving a co	ommercial motor	vehicle, as red	quired by FM	ICSA's drug an	d alcohol	program
regulations.						
Employee S	ignature			Date		