



713-920-1335
713-980-0261 Fax

Administration & Testing
For a Drug-Free Environment

1209 Genoa Redbluff
Pasadena, Texas 77504

NASAP AUTHORIZATION FOR RELEASE OF TEST RESULTS AND EVENT RECORD INFORMATION

I acknowledge that the NASAP policy was made available to me. I authorize the Third Party Administrators approved to administer the North America Substance Abuse Program (NASAP) to disclose my drug and alcohol test results to the Participating Contractor that required me to take the drug and alcohol test. I also authorize the NASAP-approved Third Party Administrators to disclose a summarized event record of my drug and alcohol test to the Houston Area Safety Council (HASC) and I understand that this information may affect my status as Active or Inactive in NASAP. I further authorize HASC and the NASAP-approved Third Party Administrators to disclose information about my status as Active or Inactive, my eligibility for membership in NASAP, and/or my eligibility to enter onto Participating Owners' sites to Participating Contractors and to those Participating Owners on whose sites I seek to work or am currently working.

I understand that this Authorization will expire five (5) years from the last date of my Active status in the NASAP and that I have a right to a copy of this Authorization.

COMMENTS: _____

at this time I hereby agree to give a biological specimen

_____		_____	
Company		NASAP Account Number	
_____	_____	_____	
Donor First Name	MI	Donor Last Name	
_____		_____	
Social Security Number		Date of Birth	
_____	_____		
Donor's Signature	Date		

Witness Printed Name			

Witness Signature		Date	

Please return via fax to (713)980-0261