



New Direction Testing, LLC

Professional Drug & Alcohol Testing

AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

I, _____, undersigned, hereby authorize NEW DIRECTION TESTING, LLC to release confidential information in its records, possession, or knowledge, of whatever nature may now exist or come to exist to:

The confidential information released will include attendance and lab result records. The information which I now authorize for release is to_____.

I understand that I have the right to revoke this authorization, in writing at any time by sending such written notification to:

*New Direction Testing, LLC, 3287 Racquet Club Drive, Traverse City, MI 49684
info@newdirectiontesting.com Fax:231.943.2279*

I understand that if I revoke this authorization to release confidential information, I will thereby revoke my authorization to further disclosure of such information.

Client Signature

Date

Witness Signature

Date

Witness Name (print)