REQUEST FOR RECORDS

I, _____, am requesting a copy of my
☐drug test and/or ☐alcohol test records from Integrity Testing & Safety
Administrators, Inc. performed on (list specific date)_____.

I have included a copy of my driver's license as proof of identification and
understand that the records will be mailed to the address on my driver's license, or
by the method of transmission I indicate in the comment section below.

Donor Name:_____ DL# _____

Donor Signature:_____ Date: ___/___/___

Comments:
_____
_____

For Internal Use Only

Released By: _____ Date: ___/___/___

Please print this form and sign. You may use regular mail to send to ITSA or scan back
into computer and send the signed document to clientservices@integritytesting.net