



STATE OF ARKANSAS  
**Department of Finance  
 And Administration**

**OFFICE OF DRIVER SERVICES**

**Drug and Alcohol Testing Database**

Ragland Building, Room 1070

Post Office Box 1272

Little Rock, Arkansas 72203

Phone: (501) 683-0984

Fax: (501) 682-2075

**RELEASE OF RECORD FOR ALCOHOL AND DRUG TEST RESULTS**

I, \_\_\_\_\_ do hereby authorize the Office of  
 Driver Services to release:

A COPY OF MY:

Alcohol/Drug Record- \$1.00

To: \_\_\_\_\_

\_\_\_\_\_  
 (Address)

\_\_\_\_\_  
 (City, State, Zip)

**This Consent is only valid for pre-employment and employment purposes as required by Arkansas Code Annotated §27-23-207.**

Signature		Date
Date of Birth	Telephone Number	Driver's License Number

Please:  Mail  Email  Fax

My Record To: \_\_\_\_\_