



DRUG SCREEN AUTHORIZATION FORM		Tfor036	Revision 6/10/10
Site/Account Information			
Site Name: _____		Date: _____	
Testing Location			
Name Of Testing Facility: _____			
Address: Street: _____			
City: _____		State: _____	Zip: _____
Phone: 1- _____ - _____			
Information On Employee Being Tested			
Last Name: _____		First Name: _____	MI: _____
SSN: _____			
Reason For Testing: _____			
Employee's Signature: _____		Date: _____	
Supervisor's Signature: _____		Date: _____	
Note To Testing Facility			
The above named individual is reporting for a drug screen as authorized by Tracer Security Services, Inc. If you have any questions regarding this request please contact the Corporate Office at 1-225-769-6606			