



713-920-1335
713-980-0261 FAX

Administration & Testing
For a Drug-Free Environment

1209 Genoa Red Bluff
Pasadena, Texas 77504

NASAP AUTHORIZATION FOR RELEASE OF TEST RESULTS AND EVENT RECORD INFORMATION

(Formerly HASAP)

I acknowledge that the NASAP policy was made available to me. I authorize the Third Party Administrators approved to administer the North American 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 Name

NASAP Account Number

Donor's Signature

Print Name

Date

Social Security Number

D.O.B.

Witness Signature

Witness Printed Name

Date

Please return via fax to 713-980-0261