



**LAKE OF THE WOODS**  
*School*

**General Consent for Limited Queries of the Federal Motor Carrier Safety Administration (FMCSA) Drug and Alcohol Clearinghouse**

I, \_\_\_\_\_, hereby provide consent to Lake of the Woods Public School to conduct a limited query of the FMCSA Commercial Driver’s License Drug and Alcohol Clearinghouse to determine whether drug or alcohol violation information about me exists in the Clearinghouse. This consent will be valid during the time that said employee is employed by the Lake of the Woods Public School, if consent is to be cancelled, employee must provide that in writing.

I understand that if the limited query conducted by Lake of the Woods Public School indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to Lake of the Woods Public School without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for Lake of the Woods Public School to conduct a limited query of the Clearinghouse, Lake of the Woods Public School must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA’s drug and alcohol program regulations.

\_\_\_\_\_  
Employee signature

\_\_\_\_\_  
Date

**WWW.LAKEOFTHEWOODSSCHOOL.ORG**

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