STATE OF KANSAS
DRUG SCREENING PROGRAM

ACCESS TO RECORDS FORM

As a candidate or employee in a designated position, I request access to all records relative to my drug screening test. I understand that my complete records, including medical review, screening information and test results will be released to the agency where I am employed or where I applied for a designated position, and to the Director of the Division of Personnel Services, Department of Administration. I understand that by requesting access to these records, I hereby release both the agency appointing authority and the Division of Personnel Services from any and all liability regarding the confidentiality of these records.

Name of Candidate or Employee: _____

Agency Name and Number: _____

Social Security Number: _____

_____ _____

(Signature of Candidate or Employee) Date

DA414 Original to Division of Personnel Services. Copies to Agency and Candidate or Employee. 3/99