



AUTHORIZATION FOR SERVICES

Requesting Client: Our Lady of Mt. Carmel

Authorized by: Jennifer Santani Phone: 480-344-5228 ext 228 Date: _____

Applicant Information:

Name _____ DOB _____

Phone _____ Social Security # _____

I authorize the results of this test to be released to the employer and their representative.

Signature _____ Date _____

Services Requested (Please check all that apply)

____ Drug Test FINGERPRINTS

Drug Screening Information (Please check one)

Type of test: Pre-employment Post-accident For Cause Random

Panel: NON-NIDA NIDA (DOT) STAT OTHER

Indicate on Non-Nida: P105, P109 or P110

Additional Instructions: _____

NO APPOINTMENT NECESSARY

- PHOTO ID REQUIRED

SELECT INFORMATION NETWORK

5507 W. GLENN DRIVE
GLENDALE, AZ 85301
(SW corner of 55th Ave, 1 Blk N of Glendale)
Tel (623) 934-3092 Fax (623) 934-9011
M-Th 8:30- 4:30

PREFERRED SUPPORT SERVICES

54 S. CENTER
MESA, AZ 85210
(Between 1st Ave and Main St. on Center)
Tel & Fax (480) 835-6676
M-Th. 8:30-4:30