WOLFE™
Powerful Hiring & Retention Solutions

# RESULTS REPORTING INSTRUCTIONS

**ACCOUNT COORDINATOR:** _____

**COMPANY NAME:** _____
(Please provide the name of your company as you would like it to appear in all future correspondence.)

## PLEASE SIGN & RETURN WITHIN 2 BUSINESS DAYS

Send via **FAX** to: 1-888-900-8314 OR via **EMAIL** to: support@wolfeinc.com

Please designate a ***Primary*** and an ***Alternate*** contact to receive confidential Drug, Alcohol, and/or Background Screening Results

## PRIMARY CONTACT NAME:

Street Address: _____ Title: _____

City/State/Zip: _____ Phone office: _____

Email: _____ Phone cell: _____

**Web Username: _____ Password: _____ Secure Fax: _____

(Usernames and Passwords must be 8 to 15 characters maximum and must be alpha-numeric. Passwords are case sensitive. Special characters are not allowed.)

## ALTERNATE CONTACT NAME:

Street Address: _____ Title: _____

City/State/Zip: _____ Phone office: _____

Email: _____ Phone cell: _____

**Web Username: _____ Password: _____ Secure Fax: _____

(Usernames and Passwords must be 8 to 15 characters maximum and must be alpha-numeric. Passwords are case sensitive. Special characters are not allowed.BB

## BILLING CONTACT NAME:

Title: _____ Phone: _____ Fax: _____

Email: _____

## RESULT REPORTING OPTIONS (YOU MAY SELECT 2 OPTIONS):

I would like to receive my results using the following method(s):

- ☐ via e-Mail (A password is required for encrypted E-mail. Applicable to drug testing results only.)
- ☐ via phone (Applicable to drug testing and positive results only)
- ☐ I prefer to get the results online (Web link is provided via email. A Username & Password are required for accessing the site.)

** Web users will be given full access to results unless otherwise noted below.

## SPECIAL REPORTING INSTRUCTIONS:

## WOLFE SERVICE DESCRIPTION & PRICING:

**AUTHORIZED COMPANY REPRESENTATIVE:** I hereby certify that all company program administrators will maintain drug test information reported as described in this document in a confidential manner.

_____ _____ _____
Printed Name Signature Date