

Fort Peck Community College

Receipt of Student Drug Testing Policy and Procedures and Consent for Drug Testing

I, _____, received a copy of the *FPCC Student Drug Testing Policy and Procedures*.

I hereby consent to a urine specimen to be collected and tested for the presence of prohibited drugs in accordance with the provisions of the *FPCC Student Drug Testing Policy and Procedures*.

I authorize the release of all information and records, including test results, relating to the testing of my specimen sample(s) to those individuals specified in the *FPCC Student Drug Testing Policy and Procedures*. They include, but are not limited to the Program Advisor, VP for Student Services and the FPCC President.

I waive any privilege or right to privacy I may have in connection with the release of such information and records to those individuals. I release Fort Peck Community College, its Board of Directors and employees from legal responsibility or liability for release of such information and records to those individuals.

I understand that I may choose not to sign this form. If I do not sign this form, I understand that I will not be eligible for enrollment in the CDL, HEO or ELW programs of study at Fort Peck Community College.

Student Signature

Print Name

Date

Parent/Guardian Signature
(if student is under 18 years of age)

Date

Student Drug Test Identifier

(Advisor: please fill out and submit to Judy Linthicum to schedule a student drug test)

Student Name: _____ SS# _____

Date of Birth: _____ Contact Phone: _____

Advisor Name: _____ Date Submitted: _____

Test Scheduler to complete following:

Test Scheduled for: Date: _____ Time: _____

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