

**PRE-EMPLOYMENT
DRUG TEST CONSENT AND INFORMATION
RELEASE FORM**

I understand that one of the components of the Carroll County School District's Substance Abuse Program is testing for drugs and alcohol as a condition of employment. I also understand that the cost of this testing must be paid for by me before employment with the Carroll County School District. I further understand that failure to consent to drug and alcohol testing will be considered a withdrawal of my application for employment.

I authorize the testing laboratory to release the results of drug and alcohol tests only to the Carroll County School District's Superintendent and the Drug Program Administrator. I understand that this information will otherwise be kept confidential and will not be released without my written consent or as is otherwise permitted by law.

The following are the legal nonprescription drugs and the drugs for which I have a prescription that I take routinely or have taken within the last ten (10) days.

<u>NAME OF DRUG</u>	<u>FREQUENCY OR LAST TIME TAKEN</u>
_____	_____
_____	_____
_____	_____
_____	_____

Applicant

Witness

Date

Date