

**[TO BE PLACED ON SCHOOL DISTRICT LETTERHEAD]**

**— ACKNOWLEDGMENT —**

**DRUG-FREE WORKPLACE/DRUG-FREE SCHOOL POLICY**

I have received a copy of the Drug-Free Workplace/Drug-Free School Policy of Independent School District No. \_\_\_\_\_, \_\_\_\_\_, Minnesota.

Dated: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Employee/Applicant*

\_\_\_\_\_  
*Typed or Printed Name*