[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 |