

	Student Testing Membership Agreement	
SCHOOL:	Crockett County CCSD	
ADDRESS:	P.O. Box 400	
	Ozona, Texas 76943	
TELEPHONE	: <u>(325) 392-5501 EXT 0</u> FAX: <u>(325) 392-5177</u>	7
E-MAIL: D	oris.hood@ozonaschools.net	
DRUG AND A	ALCOHOL TESTING PROGRAM	
	tory Agency (Audit Criteria) Non-DOT Student Testing	
Drug /A	Alcohol Testing Services Provided (membership)	
Diug /1		X
Extra T	ests (available per request)	
	Qualifying X Return to Activity X Reasonable Suspicion	Χ
	Random X Follow-up X	
NAME OF CO	OMPANY CONTACT PERSON:	
-	ny Membership Fee (one-time charge)	WAIVED
Implen	nent Policy and Program (one-time charge)	WAIVED
Drug T	esting – Qualifying - Student	
Covers cost of collection of urine specimen, laboratory test and initial MRO review \$13.00 per test		\$ 13.00 per test
Does	NOT cover follow-up expenses.	
_	esting - Random - Student	
	rs cost of collection of urine specimen, laboratory test and initial MRO review NOT cover follow-up expenses.	\$ 14.00 per test
Does	NOT cover follow-up expenses.	
MRO F	Positive Test Review (as needed)	\$ 45.00 per test
Effective Da	ate June 01, 2010 Renewal Date May 31,	2011
	Southwest Consortium	Date
P.O. Box 61992	Company Member	Date

300 E. 3rd Street. San Angelo, TX. 76906

E-Mail:testing@swconsortium.com

Fax: 512-

24 Hr. 888-658-9966