POLICY TITLE: Drugs & Alcohol Consent Release Form

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Minidoka County Joint School District # 331

Employee Drugs and Alcohol Consent Release Form

Please sign and return this portion of the document to your direct Supervisor. I agree to have the results of my Drug/Alcohol Screening Test obtained on (date) to be released to the Superintendent/designee of the Minidoka County School District #331. Employee Name (Print): School/Department: Employee Signature Date