

## Employee Drugs and Alcohol Consent Release Form

Please sign and return this portion of the document to your direct Supervisor.

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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.

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\_\_\_\_\_  
Employee Name (Print):

\_\_\_\_\_  
School/Department:

-

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date