

PRE-EMPLOYMENT DRUG TESTING CONSENT FORM

My signature authorizes the release of the test results to those school officials who have a need to know the results. Also, my signature acknowledges that I have received a copy of the Graham County Schools' Alcohol/Drug Free Workplace Policies (LBP-7140/7240).

I understand that I may be provided with the results of the pre-employment drug test if a request is made within sixty (60) calendar days of the employment decision.

Signature

Date

List of current or recent use of prescription or over-the-counter medication(s):
