

**DIVISION OF ADMINISTRATION
DRUG TEST CONSENT AND RELEASE FORM
For Non-Minor Prospective Employees**

(Please Print)

Full Name: _____

Address _____

City _____ State _____ Zip Code _____

I hereby authorize the collection facility, physician or certified laboratory contracted by the Division of Administration (DOA) to take urine samples to analyze for the presence of controlled substances and release the results of that test to the DOA. I understand that my refusal to authorize such procedures will preclude me from further consideration for employment.

Printed Name

SS#

Signature

Date

OHR Official Signature

Date