



## Illegal Substance Testing Consent Form

### Statement of Acknowledgement and Understanding Release of Liability:

By signing below you acknowledge receipt of this form, have read and understand the institutional Illegal Drug policy with regard to drug testing and the potential disciplinary sanctions, as stated in the Campus Life Handbook, which may be imposed for violation of such policy.

I understand that I am subject to testing based on reasonable suspicion that I am using or under the influence of illegal drugs. I understand that the test will be contracted by an outside lab by Union University Health Services. I further understand that I am responsible for the cost of testing should the result be positive for illegal substances.

I acknowledge and understand the intention to test for drugs and agree to be bound by this policy. I hereby consent to such testing and understand that refusal to submit to testing or a positive result of the testing will result in disciplinary action up to and including suspension from the University. My signature below indicates that:

1. I consent to drug testing as directed by the Dean of Student Life.
2. I authorize the release of all information and records, including test results relating to the screening or testing of my blood/urine specimen, to the Director of Union University Health Services, the Dean of Student Life and others deemed to have a need to know.
3. I understand that I am subject to the terms of the general regulations on student conduct and disciplinary sanctions of Union University, as well as, federal, state, and local laws regarding the use of illegal drugs.
4. I hereby release and agree to hold harmless Union University and all parties involved in the drug screening procedure from any and all action, claim, demand, damages, or costs arising from such test(s), in connection with, but not limited to, the testing procedure, analysis, the accuracy of the analysis, and the disclosure of the results.

My signature indicates that I have read and understand this consent and release, and that I have signed it voluntarily to meet the requirements of the Union University Campus Life Handbook Policies.

Student's Name (Print) \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_