

Union University
Student Alcohol and Drug Testing Policy
to Maintain Wellness

Consent to Test Form

I understand fully that my performance as a student at Union University and the reputation of Union University are dependent, in part, on my conduct as an individual.

I hereby acknowledge that I have received a copy of the student Alcohol and Drug Testing policy To Maintain Wellness and that I have read and understand it.

I hereby agree to accept and abide by the standards, rules and regulations set forth by the Union University and the academic program.

I authorize Union University to conduct all related alcohol and drug tests that are subject to the policy, including random drug tests. I further authorize and give full permission to have the University and/or its personnel send the specimen or specimens so collected to a laboratory for a screening test for the presence of any prohibited substances under the policy, and for the laboratory or other testing facility to release any and all documentation relating to such test to the University and/or to any governmental entity involved in a legal proceeding or investigation connected with the test.

I also authorize the release of information concerning the results of such tests to designated University personnel, its clinical partners, to any assistance program to which I may be referred, and to the appropriate licensing boards, if applicable.

I will hold harmless Union University, its personnel and any testing laboratory the University might use, meaning that I will not sue or hold responsible such parties for any alleged harm to me that might result from such testing, including loss of right to participation in the academic program, ineligibility to test for the national certification exam, employment or any other kind of adverse action that might arise as a result of the drug or alcohol test, even if a Union University or laboratory representative makes an error in the administration or analysis of the test or the reporting of the results. I will further hold harmless Union University, its personnel and any testing laboratory the University might use for any alleged harm to me that might result from the release or use of information or documentation relating to the drug or alcohol test, as long as the release or use of the information is within the scope of this policy and the procedures as explained in the paragraph above.

I understand that this consent form remains in effect during my enrollment in a health-related academic program at Union University.

Date: _____

Student Signature

Printed Student Name