

***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