

State of Louisiana Division of Administration
Drug Test Consent and Release Form for Non-Minor Prospective Employees

Instructions: Complete, sign and return this form to the Division of Administration, Office of Human Resources as soon as possible.

Applicant Information

Full Name: _____ Age: _____ Date of Birth: _____

Address: _____ Social Security # _____

City: _____ State: _____ Zip Code: _____

Acknowledgement and Signatures

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.

Signature: _____ Date: _____

OHR Signature: _____ Date: _____