

**REGULATION  
DRUG SCREENING CONSENT FORM**

I have read the Drug Screening Policy and Drug Screening Regulation I and agree to abide by the board's drug and alcohol rules. I agree to submit to drug and alcohol tests at any time as a condition for my initial or continued employment. I authorize any laboratory or medical provider to release test results to this school district, its board and its superintendent.

I expressly authorize the board to release any test related information, including positive results, to the Oklahoma Unemployment Compensation Commission or other government agency investigating my employment or the termination thereof.

I understand that this agreement in no way limits my right to terminate my employment or be terminated in accordance with federal and state law.

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Superintendent or Designee

\_\_\_\_\_  
Date