

DRUG TESTING AUTHORIZATION & CONSENT FORM

I, the undersigned, hereby knowingly and voluntarily authorize and consent to the collection and testing of specimens of my hair or urine by DISA and laboratory to be designated by Infinity College for the purpose of drug testing.

I authorize the collection site, laboratory, and medical review officer (MRO) to disclose the results of my drug test to Infinity College.

I acknowledge that the drug test results will be utilized by Infinity College to determine eligibility to continue in the course of study.

I acknowledge that at the time of collection, a refusal to authorize the collection and testing of my urine by the collection site and laboratory, or a refusal to authorize the above disclosure of test results will be treated as a positive drug test. I further acknowledge that a positive drug test will result in disciplinary action up to and including being dropped from the program.

In addition, I hereby knowingly and voluntarily release Infinity College, DISA, the testing laboratory and their respective officers, directors, employees, and agents from all claims, damages, losses, liabilities, costs and expenses. Including attorney fees, arising from, or relating to such collection and testing and any disclosures of the results thereof. Including without limitation, the discloser of any inaccurate or incomplete results, to the fullest extent permitted by law.

I further authorize the testing laboratory to disclose the results of my drug screen to Infinity College for a period not to exceed two years from the date of my signature below.

I acknowledge that I have a the right to receive a copy of this authorization.

I have read and understood the above Authorization & Consent in its entirety, and I agree that a copy of this document is as valid as the original.

Applicant's Signature

Date

Applicant's Printed Name

Applicant's Street Address

City

State

ZIP

Applicant's email address

Applicant's Phone