DIVISION OF ADMINISTRATION DRUG TEST CONSENT AND RELEASE FORM

For Minor Prospective Employees

(Please Print) Minor's Full Name:		\ge:	Date of Birth
Address			
City	State		Zip Code
I understand that the above name the Division of Administration (I requirements. I further understated held personal and private and i employment drug testing.	DOA), contingent upon and that any information	successful passing of a regarding the results	a drug test, among other of this drug test will be
As the parent/legal guardian of certified laboratory contracted by analyze for the presence of con understand that my refusal to a from further consideration for en	y the DOA to take urine trolled substances and r uthorize such procedure	samples from the abovelease the results of the	ve named minor child to hat test to the DOA. I
By signing below, I certify that I the legal authorization to sign or the law.			
Parent/Legal Guardian	 Date	Applicant (Mino	or Child) Date
(Please Print) Parent/Legal Guardian's full nam	ne		
Address			
City	State	ZIP Cod	de
Daytime Telephone Number ())		
Please return this completed form soon as possible.	n to the Division of Adm	ninistration, Office of H	Iuman Resources as
OHR Official Signature	 Date		