

Voluntary Drug Test Authorization

I, , hereby voluntarily authorize and consent to provide a sample of my urine, blood, saliva, or hair for the purpose of drug or alcohol testing as requested by .

I understand that my participation in this drug test is voluntary and that I have the right to refuse. I also acknowledge that my refusal may affect my current or future employment status, as explained by the company policy.

I authorize the release of the test results to the designated representatives of for employment purposes. I understand that all information obtained from this testing will be kept confidential to the extent permitted by law.

Signature:

Date: