



A member of Minnesota State

Acknowledgement of Receipt of Written Policy Provided By Lake Superior College

I hereby acknowledge receipt of a copy of the Lake Superior College's Drug-Free Truck Driving Regulations. I understand that I am responsible for familiarizing myself with the information contained therein. I further understand that the policies described herein are subject to change and do not create any contractual commitments by Lake Superior College or by me. I understand that I may contact Lake Superior College for specific details of this policy.

I further understand that this policy summarizes the policies of Lake Superior College as of August 2018 and such policies may be revoked or modified without notice.

I acknowledge that I have received educational materials covering the Federal Highway Administration drug and alcohol testing regulations found in the Federal Motor Carrier Safety Regulations 49 CFR 40 "Controlled Substances and Alcohol Use and Testing".

I authorize that samples of my urine and/or breath may be obtained for the purpose of determining the presence of illegal drugs and/or alcohol. I understand and agree that the test results will be released to Lake Superior College's Medical Review Office, to Lake Superior College's drug/alcohol testing program coordinator and DSI Medical, Lake Superior College's drug and alcohol consortium service.

(Print Name)

(Social Security Number)

(Signature)

(Date)

(Student Phone Number)

(Date of Birth)

Lake Superior College Instructor

(Drivers Lic. No.)