



A member of Minnesota State

CONSENT FOR RELEASE OF DRUG/ALCOHOL TESTING RESULTS

I, _____, _____
(Print Name) (Social Security Number)

Hereby authorize the Truck Driving Program of Lake Superior College and DSI Medical Services, Inc., permission to release any and all information concerning my pre-qualifying and/or random drug/alcohol test results to any entity requesting such information for the purpose of a background check for employment.

(Signature)

(Date)

Family Rights of Privacy Act

Academic records are protected under the provisions of the Family Rights of Privacy Act of 1974. Students wishing to withhold public information under this law may contact the Registrar's office.