

## Applicant Authorization and Consent for Drug Screening

I hereby authorize and consent to the collection and testing of my urine by a collection site and laboratory for drug testing. I authorize the collection site, laboratory, medical personnel, and/or the College to disclose the results of my drug test to organizations and personnel involved in my educational programs. I acknowledge that the results of my drug test will be utilized to determine my eligibility to participate in CSI's programs as well as in educational activities in clinical affiliates.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date