DRUG TESTING RELEASE
Baylor College of Dentistry

THIS FORM TO BE COMPLETED BY INDIVIDUAL
UNDER CONSIDERATION FOR PARTICIPATION IN
PROGRAMS OF COLLEGE

The information obtained from this Drug laboratory testing is the property of Baylor College of Dentistry.

NAME:_____
LAST NAME **FIRST NAME** **MIDDLE NAME**

I hereby authorize the laboratory facility designated by the Health Science Center or Baylor College of Dentistry to furnish Baylor College of Dentistry or its agent results of the review of the drug screening. I hereby release the Health Science Center, Baylor College of Dentistry and all its agents and employees, the laboratory facility and all employees of the laboratory facility furnishing information, from all liability resulting from the furnishing of this information to Baylor College of Dentistry. I certify that the statements made by me on this form are true, complete, and correct to the best of my knowledge and belief and are made in good faith

SIGNATURE:_____ **DATE:**_____

NOTICE ABOUT INFORMATION LAWS AND PRACTICES

With few exceptions, you are entitled upon your request to be informed about the information collected about you. Under Sections 552.021 and 552-023 of the *Texas Government Code*, you are entitled to have BCD correct information about you that is held by us and is incorrect. The information collected will be used solely to determine your eligibility to participate in the programs of the College.

Laboratory test completed by:

_____ **DATE:** _____

CLEARED FOR PARTICIPATION: YES ____ NO____ _____
Reviewing BCD agent

FORM MUST BE SUBMITTED TO MS SHARON LIMES IN COLLEGE HEALTH CLINIC