

MISSISSIPPI COLLEGE

A Christian University

DRUG TESTING RELEASE FORM

I, _____ acknowledge that I am aware that Mississippi College requires that all applicants (all Faculty and Staff positions) being seriously considered for employment at Mississippi College submit to drug screening. I also acknowledge that I am aware that if I do not successfully pass Drug Screening, I will no longer be considered a candidate for employment. This signed form indicates my permission for MEA Drug Consortium and MEA clinics to perform Drug Screening according to their agreement with Mississippi College.

NAME:

MCID or SOCIAL SECURITY NUMBER:

SIGNATURE:

DATE:
