



## **RANDOLPH COMMUNITY COLLEGE DRUG TESTING AUTHORIZATION FORM**

I give my consent to be drug tested and to have the test results released to the College President; Vice President for Administrative Services; Vice President for Instructional Services; Associate Dean, Health Sciences & Cosmetic Arts; Director of Safety and Emergency Preparedness; and/or Director of Human Resources for Randolph Community College.

\_\_\_\_\_  
Employee/Student Name (please print)

\_\_\_\_\_  
Employee/Student Signature

\_\_\_\_\_  
Date