



Name: \_\_\_\_\_

Please Print Legibly

## Drug Education and Testing Policy

### **Student Consent and Authorization for Release of Information**

I hereby acknowledge that I have received a copy of the UVM Catamount Recovery Program Drug Education and Testing Policy. I further acknowledge that I have read said Policy, that it has been explained to me, and that I fully understand the provisions of the Policy.

I hereby consent to have samples of my urine collected and tested for the presence of certain banned substances in accordance with the provisions of the UVM Catamount Recovery Program Drug Education and Testing Policy during the Academic year 2018-2019.

I further authorize UVM Catamount Recovery Program to make a confidential release of any information and records, including drug testing results, collected and maintained pursuant to this policy, to my parent or guardian should that action be required. I accordingly waive to that extent any confidential privilege I may have in connection with such information.

I understand that urine samples will be collected by a certified analytical laboratory for actual testing. I further understand that any and all urine samples become the property of the University of Vermont.

The University of Vermont, and its officers, employees, and agents are hereby released from legal responsibility or liability for the release of such information and records as authorized by this document.

\_\_\_\_\_  
Name of Student (Print)

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date