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Laurens County Board of Commissioners

DRUG/ALCOHOL TESTING

I hereby voluntarily authorize the physician, laboratory, clinic or other agent of Laurens County Board of Commissioners' choice to collect and test my voided urine for the presence of drugs, alcohol, marijuana, and other similarly prohibited substances. The test has been explained to me and I fully understand its implications with respect to my employment status.

I authorize the release of the results of these tests to Laurens County Board of Commissioners' Human Resources. Furthermore, I hold Laurens County Board of Commissioners, its officers, agents and employees harmless in using the test results for the purpose of its drug and alcohol prevention policy.

I understand that a documented "chain of custody" exists to ensure the identity and integrity of my specimen through the collection and testing process.

I understand that there will be future random drug tests, if hired, during my employ.

I have read this Consent and Release form and fully understand its contents and implications. If you do not understand, please ask for clarification.

Acknowledged and agreed to:

Name:

Dated: _____

Witness