

MORGAN COUNTY BOARD OF EDUCATION

POLICY CONSENT/RELEASE FORM

I have read the above statement of policy and agree to abide by the School Board's drug and alcohol rules. I agree to submit to drug or alcohol tests at any time as a condition for my initial or continued employment. I authorize any laboratory or medical provider to release tests results to Morgan County Board of Education and its Medical Review Officer. I expressly authorize the School Board or its MRO to release any test-related information, including positive results, to the Unemployment Compensation Commission or other government agency investigating my employment or the termination thereof.

I understand that this agreement in no way limits my right to terminate my employment or be terminated in accordance with federal and state law.

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Administrator  
Morgan County Board Of Education

\_\_\_\_\_  
Date