



**Mississippi
College**
A CHRISTIAN UNIVERSITY

RELEASE FORM FOR DRUG TESTING

I _____ acknowledge that I am aware that Mississippi College requires that all applicants being seriously considered for employment at Mississippi College submit to Drug Screening, both Faculty and Staff. I also acknowledge that I am aware that if I do not successfully pass the 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

SOCIAL SECURITY NUMBER

DATE