



COMMERCIAL DRIVERS' LICENSE DRUG AND ALCOHOL TESTING

CDL-1

Commercial Vehicle Driver Consent and Acknowledgment Form

I have been provided with information on:

- ~ the State of Minnesota Policy on Alcohol and Other Drug Use by State Employees, and
- ~ the State of Minnesota Drug and Alcohol Testing Plan.

I consent to the collection of urine specimens to meet the U.S. Department of Transportation requirements and the release of test results to the Minnesota State Colleges and Universities Campus Commercial Drivers' License Drug and Alcohol Program Manager.

I understand that altering this consent form, refusing to consent to or cooperate with the collection of urine specimens, or refusing to authorize the release of information to the Minnesota State Colleges and Universities will result in the withdrawal of the conditional offer of employment by MnSCU.

I also understand that a positive test result, or not receiving driving clearance from a Substance Abuse Professional, will result in the withdrawal of the conditional offer of employment.

Name <i>(please print)</i>	Social Security Number
Signature	Date