

Drug Screen Consent (DSC) & Release Form

To be employed in or hold a job with the University of North Texas Health Science Center (UNTHSC), that is designated security sensitive, an applicant must satisfactorily pass a pre-hire drug screen. This form authorizes UNTHSC to obtain drug screen results on the applicant who is seeking employment for a position designated as security sensitive.

Instructions: This form is to be completed by the applicant. Please print or type all of the requested information. Return the form via email to hemployment@untsystem.edu or fax to 940-369-5549. Once the pre-hire drug screen process has been completed, Human Resources will notify the candidate and hiring manager.

This form must be submitted and the pre-hire drug screen process completed prior to first day of employment in a security sensitive position.

Last Name:	First Name:	Middle Name:
Date of Birth: MM/DD/YYYY	*SSN:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Complete Current Address (Street, City, State & Zip Code):		
Daytime Phone #:	Evening Phone#:	

*State law authorizes institutions of higher education to perform pre-hire drug screen for employment for security sensitive positions. Your SSN will be used to obtain this information as part of the drug screen process. You are not required by law or other authority to disclose your SSN, however, failure to do so may result in the inability to complete the pre-hire drug screen. Under Texas Public Information Act, your SSN will not be disclosed to the public.

Acknowledgement and Authorization

I hereby authorize the UNTHSC’s agent to furnish UNTHSC information related to my pre-hire drug screen results. I hereby release and hold harmless the University of North Texas System, its Board of Regents, the UNTHSC and its agents, past and present officers, employees, and successors, in their official and individual capacities from any and all potential state or federal law claims, causes of action, administrative complaints and lawsuits I have or may have against any of them resulting from the use of information obtained as part of this pre-hire drug screen, whether known or unknown by me at this time. I certify that the information provided by me on this form is true, complete and correct to the best of my knowledge. I understand that any false information provided herein will void my application for employment and may result in termination. I further understand that a confirmed positive result will disqualify me for employment at UNTHSC for one year after the date of the positive result or until any appeal is resolved in my favor.

The Texas Privacy Act, with a few exceptions, allows you to be informed about the information The University of North Texas Health Science Center collects about you to review and obtain the information on this form and to correct any information you believe is incorrect.

The screening test must be completed no later than **36** hours from the receipt of the chain of custody form.

I hereby voluntarily consent to a screening test and the release of the test outcomes to the Director for Human Resource Services or an authorized designee.

Signature Applicant: _____ **Date:** _____