I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby consent and agree to alcohol and/or drug testing by Texas State University. I further understand and acknowledge that:

1. Texas State University will pay the cost of all required alcohol and/or drug testing;
2. The test results will be released to Texas State University and its representatives who are authorized to receive, request, and transmit test results;
3. The test results may be used by Texas State University in determining any disciplinary action or actions that may be taken against me; and
4. I have the right to refuse to submit to such testing, but understand that my refusal to submit to, or cooperate with, such testing shall be considered insubordination and a violation of university policies and will result in disciplinary action up to and including termination.

I further agree that Texas State University has made no representations, inducements, or statements, other than those in writing, about the testing, and I consent to be tested.

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Employee Signature Date

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Employee Printed Name

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Supervisor Signature Date

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Supervisor Printed Name