



THE CITADEL

THE MILITARY COLLEGE
OF SOUTH CAROLINA

FORM FOR DRUG TESTING CONSENT AGREEMENT

Consent to Drug Testing

I hereby acknowledge that I have been advised of The Citadel’s “Policy on Hallucinogenic, Narcotic, and Other Controlled Drugs and Substances and Drug Paraphernalia and Drug Testing Policy.” I hereby further acknowledge that I am aware of the following specific requirements of that policy.

 **(initial each item in the space provided indicating you have read it):**

_____ The Citadel will not tolerate the possession, solicitation, distribution, sale, or use of hallucinogenic, narcotic or other controlled drugs or substances or of drug paraphernalia.

_____ Violation of The Citadel’s policy on controlled drugs and substances and drug paraphernalia will result in my being expelled from The Citadel.

_____ I may be required to submit to unannounced random urine drug test during the academic year.

_____ I may be directed to submit to drug testing by officials of the The Citadel if a reasonable suspicion of drug use by me exists.

_____ Refusal to submit to drug testing in accordance with The Citadel Drug Testing Policy will be regarded as the equivalent of a positive drug test and can also result in my being expelled from The Citadel.

I have read and I understand The Citadel’s “Policy on Hallucinogenic, Narcotic, and Other Controlled Drugs and Substances and Drug Paraphernalia,” and by signing this form I agree to abide by the terms of that Policy, and I hereby agree to The Citadel Drug Testing Policy, and I consent to be tested for controlled drugs and substances as required by that policy. I further agree that refusal to submit to testing as required by The Citadel Drug Testing Policy may subject me to being expelled from The Citadel.

Print Full Name

Signature by Cadet

Street Address

Signature by Parent/Guardian (if minor)

City State ZIP

Campus Wide ID Number (CWID)

Date

Complete and return to The Citadel, Office of Admissions. Keep a copy for your records.