

**MOUNT VERNON NAZARENE UNIVERSITY
OFFICE OF STUDENT DEVELOPMENT
MID OHIO CORPORATE CARE
ALCOHOL/DRUG TESTING**

I, _____ / _____, **agree** to the following:
(Print Name) MVNU ID Number

Be escorted by Mount Vernon Nazarene University Campus Safety or Student Development staff member to the Mid Ohio Corporate Care for the purpose of completing drug/alcohol screening (through blood or urine samples) by hospital staff.

I will remain in the presence of MVNU Campus Safety or Student Development staff member from this point until the completion of the above screening.

I understand that a report of testing results will be provided to university officials, and positive results can require further screening.

Signature of Student Date

I, _____ / _____,
(Print Name) MVNU ID Number

do not agree to the above conditions, and therefore, will immediately begin the process of voluntary withdrawal from Mount Vernon Nazarene University. These conditions will be enforced with or without my signature.

Signature of Student Date

Signature of Witnessing University Official Date

Signature of Witnessing University Official Date