

**MOUNT VERNON NAZARENE UNIVERSITY
OFFICE OF STUDENT DEVELOPMENT
MVNU ALCOHOL TESTING**

I, _____ / _____, **agree** to the following:
(Print Name) I.D.#

Allow Mount Vernon Nazarene University Campus Safety or Student Development staff member to administer a state certified alcohol breath test for the purpose of completing screening for alcohol consumption. I understand that I am to remain in the presence of MVNU security staff from this point until the completion of the above screening, including completion of appropriate written documentation. I understand that a report of testing results will be provided to university officials.

Signature of Student Date

I, _____ / _____, **do not agree** to the above
(Print Name) I.D.#

conditions, and therefore, will immediately begin the process of voluntary withdrawal from Mount Vernon Nazarene University.

Signature of Student Date

Signature of Witnessing University Official Date

Signature of Witnessing University Official Date