



Forsyth County  
Human Resources Department  
110 East Main Street, Suite 230  
Cumming, GA 30040  
Office: 770-781-3088 / Fax 770-205-4698

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### **DRUG TEST CONSENT AND INFORMATION RELEASE FORM**

I have read and understand Forsyth County's Drug and Alcohol Free Workplace Policy Statement.

I understand that one of the components of the Policy is a urine test for drugs and/or an Evidential Breath Test for alcohol as a condition of employment. I understand that a positive test will result in:

1. Denial of employment, or
2. Disciplinary action to include termination of employment

I authorize the testing laboratory and/or the Forsyth County Sheriff's Department to release the results of these drug and alcohol tests only to the Medical Review Officer or designee employed by the County for such purpose, the Forsyth County Department of Human Resources representative, and the Department Head for whom I am/will be employed, those Forsyth County employees who have a valid reason to know, or those involved in any appeal process, should it become necessary, I understand that this information will otherwise be kept confidential and will not be released without my written consent or as is otherwise permitted by law. I release the Forsyth County Sheriff's Department, the Forsyth County Department of Human Resources, the medical review personnel, the testing laboratory, and any and all of their employee/owners or representatives from any and all liability arising from the release or use of the information derived from or contained in my test results.

\_\_\_\_\_  
**APPLICANT/EMPLOYEE NAME (Print)**

\_\_\_\_\_  
**APPLICANT/EMPLOYEE SIGNATURE**

\_\_\_\_\_  
**SOCIAL SECURITY #**

\_\_\_\_\_  
**WITNESS SIGNATURE**

\_\_\_\_\_  
**DATE**