

**SOUTHWEST TEXAS JUNIOR COLLEGE**  
**AUTHORIZATION FOR DRUG/ALCOHOL TESTING**

I acknowledge that I have read the SWTJC policy on “Employee Standards of Conduct/Searches and Alcohol/Drug Testing” (DHB Local) and am familiar with the consequences of a positive test result.

\_\_\_\_\_  
SWTJC Driver (Print Name)

\_\_\_\_\_  
Date

\_\_\_\_\_  
SWTJC Driver (Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
College Representative (Signature)

\_\_\_\_\_  
Date