

STUDENT RIGHTS AND RESPONSIBILITIES  
INTERROGATIONS AND SEARCHES

FNF  
(LOCAL)

TAFT INDEPENDENT SCHOOL DISTRICT DRUG TESTING AUTHORIZATION FORM

Student's Name \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Date: \_\_\_\_\_

I acknowledge that I have read and understand the Taft Independent School District Extracurricular Drug Testing Policy. I understand that I will be asked to provide a urine sample for drug analysis. I consent to any such testing conducted as part of the drug testing policy, and I agree that I will not refused to provide a urine sample for drug analysis, if requested by the Taft Independent School District.

Student's signature \_\_\_\_\_

Parent/Guardian's signature \_\_\_\_\_

**Consent Form must be signed and presented at testing.**

~ A copy of the policy is available upon request and is available on our website [www.taftisd.net](http://www.taftisd.net)

NOTE: THIS DOCUMENT IS VALID FOR THE 2019-2020 SCHOOL YEAR

Drug Screening Service Provided by:

Pinnacle Testing Services  
Corpus Christi, Texas  
361-225-2218