



**AUTHORIZATION FOR RANDOM DRUG TESTING
(STUDENT OF LEGAL AGE)**

Document No. : FM-RO-70-00

Effective Date: April 28, 2015

I, _____, of legal age, with address at
_____, hereby state:

1. I, pursuant to the Mapua's policy against the use and distribution of prohibited drugs as embodied in the attached Policy on Random Drug Testing and in compliance with the provisions of R.A. No. 9165 or the Comprehensive Dangerous Drugs Act of 2002 and its implementing guidelines,

_____ I voluntarily and willingly give my full consent to the intended drug testing of students.*

_____ I will **NOT** give my consent to the intended drug testing of students.

2. I hereby declare that I have read and understood the terms and conditions of the random drug testing pursuant to the attached Policy on Random Drug Testing of Mapúa.
3. I hereby render MAPÚA free and harmless from any and all liability arising from the drug testing.

Name and signature of student

Student Number:

Cellular Number/E-mail Address:

Emergency Contact Person / Relationship :

Cellphone Number :

Date signed:

** Results whether positive or negative will be treated with utmost confidentiality. Positive results in the random drug testing **does not** automatically result in disciplinary action pursuant to attached letter/policy of Mapúa.*