

University of Dubuque
Informed Consent/Release Form for the Aviation Department

I, _____, acknowledge that I have received a copy of the Drug Testing Policy for the Aviation Department. I have read the policy statements in their entirety, have been give the chance to ask questions about them, and fully understand their provisions.

I understand that the use of marijuana, opiates, phencyclidine (PCP), and amphetamines as described in the Drug Testing Policy is a violation of University of Dubuque Aviation Department rules for all students. I hereby consent to have samples of my urine collected for random testing as directed or when informed by the University of Dubuque Aviation Department Chair that he or she has determined directly or through UD faculty or staff that there is a sufficient basis for reasonable suspicion that I have used or that I am under the influence of prohibited drugs. I understand that my urine samples may be submitted for testing for prohibited substances and that this analysis will be conducted by qualified laboratory personnel. The purpose of this analysis will be to determine the presence or absence of prohibited substances in my urine.

I authorize the individual or organization designated by the University of Dubuque, as well as appropriate University of Dubuque personnel, to collect urine samples, determine test results and to make a confidential release of the results to the Medical Coordinator appointed by the University, to other University of Dubuque personnel referred to in the Drug Testing Policy for the Aviation Department for the purpose of administering the policy, and to any individual, entity or agency to whom or which disclosure is required by Federal, state, or local law.

I understand that I must sign the Informed Consent/Release Form to participate in the Aviation Flight Program at the University of Dubuque.

I understand and agree that the results of my drug tests will only be disclosed in accordance with the University of Dubuque Drug Testing Policy or as authorized in this form.

I hereby release the University of Dubuque and its Board of Trustees, officers, employees and agents from all liability and legal responsibility for any action related to the implementation of the Drug Testing Policy for the Aviation Department or the release of information and records in accordance with the terms of the Drug Testing Policy for the Aviation Department and as authorized in this form.

Aviation Student:

Last Name _____ First Name _____ MI _____ Date of Birth _____

Signature of Aviation Student _____ Date _____

Signature of Parent/Guardian (if minor) _____ Date _____