

**COLLEGE OF SOUTHERN NEVADA**  
**SUBSTANCE ABUSE POLICY RELEASE**

I have been informed that as a condition of my participation in a College of Southern Nevada (CSN) health sciences program, I must submit to a urine drug screening test and I accept this condition. I agree that Quest Diagnostics, a drug testing facility is authorized by me to provide the results of this test to CSN. I agree to indemnify and hold Quest Diagnostics harmless from and against any and all liabilities or judgments arising out of any claim related to (1) compliance of the college with federal and state law, or (2) the college's interpretation, use (including health sciences program selection/termination decisions) and confidentiality of the test results, except where Quest Diagnostics is found to have acted negligently with respect to such matters.

I understand that if I fail to cooperate with a testing procedure, or in the case of a positive test result, I may not be allowed to participate in a health sciences program at CSN or I may be terminated from a health sciences program.

I understand that if a test is positive for a controlled substance, I must be able to produce a prescription for that drug. The drug must be prescribed for me and the prescription must be from the United States.

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Student Signature

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Date

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PRINT Student Name

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Student ID Number

*Copy to:* program director