

Student Name (Please Print) \_\_\_\_\_ Grade \_\_\_\_ School Year \_\_\_\_\_

Activities \_\_\_\_\_

**Greenbrier School District  
4 School Drive  
Greenbrier, AR 72058  
501-679-4808**

**Mandatory Drug Testing Program  
General Authorization Form**

**Note: Greenbrier School District drug testing policy is mandatory for all students in extracurricular activities and optional for all other students. Please refer to the student handbook for drug testing policies and procedures.**

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I understand that my performance as I participate and the reputation of my school are dependent, in part, on my conduct as an individual. I hereby agree to accept and abide by the standards, rules, and regulations set forth by Greenbrier School District and the sponsors for the activities in which I participate.

I also authorize Greenbrier School District to conduct a test on a urine specimen which I provide to test from drugs and/or alcohol use. I also authorize the release of information concerning the results of such a test to the Greenbrier School District and my parents and/or guardian.

This shall be deemed a consent pursuant to the Family Education Right to Privacy Act for the release of above information to the parties named above.

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Student Signature

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Date

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Parent/Guardian Signature

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Date

**Please print or type the student's name where indicated at the top of this form. Forms may be discarded if the student's name is unreadable.**