

CCC&TI TRUCK DRIVER TRAINING

Caldwell Community College and Technical Institute

Pre-employment - DOT Drug Screen (*Five Panel*)

----- Potential Student -----

Date and location of the class you are applying for: _____

Full Name (Print) _____

Social Security Number _____

Mailing Address _____

City _____ State _____ Zip _____

I, _____, hereby give my full authorization and consent to the medical facility listed below to release my drug testing results to Caldwell Community College and Technical Institute/Truck Driver Training. I understand that this drug screen is a pre-registration requirement, regardless of the outcome of the drug test. I also agree not to hold the medical testing facility or CCC&TI and their officers, directors, employees, and/or agents liable in any action pursuant to the outcome of this drug testing.

Signature: _____ Date: _____

Witness Signature: _____ Date: _____

----- For Doctor's Use Only -----

From the office of: _____

***Mail, Fax or e-mail
Drug Test Results to:**

Designated Employer Representative (DER)
Roger Chester / Director, Truck Driver Training
Caldwell Community College
2855 Hickory Boulevard
Hudson, NC 28638

*Phone: 828-726-2386
*Secure Fax: 828-726-6302
*Email - rchester@cccti.edu