



**GEORGIA REGENTS UNIVERSITY  
PRE-EMPLOYMENT DRUG SCREEN REQUEST**

This form must be complete, signed, dated and returned with your application of employment. Upon an offer of employment, information regarding pre-employment drug screening procedures for interns, residents and fellows entering training programs at Georgia Regents University will be provided prior to the start date

MY SIGNATURE BELOW INDICATES MY CONSENT AND AUTHORIZATION TO HAVE MY URINE SCREENED FOR ILLEGAL DRUGS AS A PRECONDITION OF MY EMPLOYMENT BY GEORGIA REGENTS UNIVERSITY AND AS REQUIRED BY GEORGIA LAW. I HEREBY CONSENT TO HAVE THE RESULTS OF MY URINE DRUG SCREENING REPORTED TO APPROPRIATE PERSONNEL AT GEORGIA REGENTS UNIVERSITY. I UNDERSTAND THAT IN THE EVENT THAT I TEST POSTIVE FOR ILLEGAL DRUGS, I WILL BE INELIGIBLE FOR EMPLOYMENT AT GEORGIA REGENTS UNIVERSITY.

(Please Print or Type)

NAME:

\_\_\_\_\_  
First/Middle/Last

\_\_\_\_\_  
Jr./Sr., etc.

ADDRESS:

\_\_\_\_\_  
Street

\_\_\_\_\_  
City/State/Zip Code

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

(3/2013)

RETURN WITH APPLICATION

Graduate Medical Education Office; 1459 Laney Walker Blvd. AE 3042  
Phone; 706 721-3052 Fax 706 721-7501  
[hwalp@gru.edu](mailto:hwalp@gru.edu)