ACKNOWLEDGEMENT OF UNDERSTANDING

I have read the College of Lake County's Urine Drug Screening Procedure applicable to College of Lake County health career program students. I understand the contents and I will comply with the procedure. I understand that if I have any questions about the contents of the Urine Drug Screening Procedure, I have been advised to contact my **nurse assisting** instructor for clarification.

Print Student's Name: _____

Student's Signature: _____

Date: _____

Return completed form
via email to bio.clinicalrequirements@clcillinois.edu
or fax to 847-543-3002