

**DRUG TESTING**  
**ACKNOWLEDGEMENT**

I, \_\_\_\_\_, acknowledge that I have read the Mississippi Department of Human Services Drug Testing Policy (AP-50) and agree to abide by all requirements of the policy. I acknowledge that failure to abide by this policy could result in disciplinary action up to and including termination.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name Typed or Printed

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