

# FEDERAL BUREAU OF INVESTIGATION DRUG DETERRENCE PROGRAM

## MINOR CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

Name: \_\_\_\_\_  
(Name of Applicant)

Case ID#: \_\_\_\_\_ Test Type: \_\_\_\_\_

I do hereby authorize the Drug Deterrence Staff from the Drug Deterrence Program to disclose to \_\_\_\_\_ any positive drug tests results. This includes any \_\_\_\_\_  
(Name of Parent or Guardian)  
drug test results that are deemed to be adulterated and/or substituted. I understand that my records are protected under the Privacy Act of 1974 and the Federal Civilian Employee Alcoholism and Drug Abuse Confidentiality of Records (42CFR). I understand that the information about me cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that the action has been taken in reliance on this informed consent. I understand that even if I do not withdraw the consent that his statement of consent shall automatically expire with one year from the date executed.

Executed on the \_\_\_\_\_ of \_\_\_\_\_ 20\_\_\_\_\_.

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

\_\_\_\_\_  
Signature of Drug Deterrence Program Employee

## PARENTAL CONSENT FOR DRUG TESTING OF APPLICANT UNDER AGE 18

I acknowledge that \_\_\_\_\_ has applied for a position with the FBI, and that drug testing is authorized for such applicants. Since \_\_\_\_\_ is under age 18, I consent, as (the parent/guardian), for \_\_\_\_\_ to undergo such testing. I have also been advised that \_\_\_\_\_ has been requested to execute the above portion of this consent form, thus permitting the FBI to inform me of any positive, adulterated or substituted test results. \_\_\_\_\_

(Signature of Parent/Guardian)