



INTEGRITY VERIFICATIONS, INC.

EMPLOYEE SCREENING • DRUG TESTING • FINGERPRINTING • POLYGRAPHS • LOSS PREVENTION

JUVENILE RELEASE FORM

(This document is confidential and not for public release.)

I, _____, do hereby grant permission for
(Parent or Legal Guardian)

_____ to submit to a substance abuse screen to be
(Name of juvenile being tested)

administered by INTEGRITY VERIFICATIONS, INC.

We hereby release INTEGRITY VERIFICATIONS, INC. and _____ and
(Entity test is being conducted for)
their officers, agents and employees from any claims whatsoever, either in law or in equity, by
reason of said evaluation.

I do hereby authorize INTEGRITY VERIFICATIONS, INC., it's directors, officers, employee(s)
and/or agents to disclose both orally and in writing the screening results to directors, officers
and/or agents of _____.
(Entity test is being conducted for)

SIGNED:

(PARENT OR LEGAL GUARDIAN)
Relationship to person being tested:

Address: _____

(City) (State) (Zip)

Tel No. () _____

Witness _____

Date ____/____/____