



**JUVENILE RELEASE FORM**  
(This document is 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 \_\_\_\_\_  
(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., their 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 \_\_\_\_/\_\_\_\_/\_\_\_\_

**[www.integrityverifications.com](http://www.integrityverifications.com)**

7155 Pearl Rd. • Cleveland, OH 44130 • Tel (440) 886-0900 • Fax (440) 545-1198  
735 North Court St. • Medina, OH 44256 • Tel (330) 725-3866 • Fax (330) 725-7981  
4635 Richmond Rd. • Warrensville Heights, OH 44128 • Tel (216)645-5576 • Fax (216) 245-6521  
8224 Mentor Ave. • Mentor, OH 44060 • Tel (440) 290-5501 • Fax (440) 205-0985