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## DRUG AND ALCOHOL ABUSE POLICY NOTIFICATION

I with this acknowledge that I have thoroughly read, understand, and agree to comply with all provisions of the Drug and alcohol Abuse Policy for employees and students of the South Baylo University.		
I further understand that if I decline to sign this policy statement/notification, I will not be eligible for employment/enrollment.		
Please check one: [ ] Employee [ ]	Student	
Print Name	Signature:	Date: