



## Applicant Drug Testing — Consent and Release

**Applicant:** Carefully read the following information **before** you complete and sign this form.

**Privacy Act Statement:** Your information will be used to determine suitability for employment. Collection is authorized by 39 USC 401, 410, 1001, 1005, and 1206.

Providing the information is voluntary, but if not provided, you may not receive full consideration. We may only disclose your information as follows: in relevant legal proceedings; to law enforcement when the USPS or requesting agency becomes aware of a violation of law; to a congressional office at your request; to entities or individuals under contract with USPS; to entities authorized to perform audits; to labor organizations as required by law; to federal, state, local or foreign government agencies regarding personnel matters; to the Equal Employment Opportunity Commission; and to the Merit Systems Protection Board or Office of Special Counsel.

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Applicant's Name (*Last, first, middle*)

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Mailing Address

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Home Telephone Number (*Include area code*)

Date of Birth (*MM/DD/YYYY*)

This constitutes my consent to furnish a urine sample for drug testing purposes to determine my qualifications and suitability for U.S. Postal Service® employment. This authorization and consent is executed with full knowledge and understanding that the USPS will take measures to protect the results of the aforementioned drug test against unauthorized disclosure to any parties not having a legitimate need for it in accordance with 5 USC 552 and 552a.

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Date Signed

Signature of Applicant