



# 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 \_\_\_\_/\_\_\_\_/\_\_\_\_