



AUTHORIZATION FORM: REASONABLE SUSPICION
DRUG & ALCOHOL SCREENINGS

Employee's Name: _____ Date: _____
Employee Signature: _____
Department Name: _____ Dept Acct# to Bill: _____
(*Department is responsible for costs of billing)
Authorized By: _____ Title: _____
Contact Phone Number: _____
Provider: _____

Table with 2 main sections: 'Reason for Testing' and 'Type of Testing'. 'Reason for Testing' includes Pre-Employment, Reasonable Suspicion (checked), Random, and Post-Accident. 'Type of Testing' includes Urine Drug Screen (checked) and Urine Alcohol test (checked).

Billing & Results

Billing address: Colorado State University, Campus Delivery _____, Fort Collins, CO 80523
(Insert CSU mail code address of Department requesting test)

Please send this form and results to: Colorado State University Human Resources, MyHR@colostate.edu
and please mark email "URGENT". T 970 491 6947

This Section to be Completed by the Collection Site:

Table for collection site completion with fields: Site Location (Name & Address), Date (MM/DD/2020 and Time AM/PM), and Verified ID (Driver's License, Passport, School ID, Other Gov't Document).