



**OFFICE OF THE COMMANDANT
MARION MILITARY INSTITUTE
MARION, ALABAMA**

**DRUG, ALCOHOL, AND SUBSTANCE ABUSE SCREENING PARTICIPATION FORM /
NOTICE OF FEDERAL STUDENT FINANCIAL AID PENALTIES**

I understand that my enrollment as a student at Marion Military Institute and a member of the Marion Military Institute Corps of Cadets is contingent upon practicing and participating in a Drug-Free lifestyle. Information on the Institute's *Drug and Alcohol Awareness Program* is found in Section IV (pg. 87) as well as *Drug Testing and Illegal Drugs* (pgs 35-36) of the Cadet Manual (<http://www.marionmilitary.edu/campus-life/index.da>) Additional information can be found in our *Drug and Alcohol Policy* (<http://www.marionmilitary.edu/campus-life/flupolicy.da>)

I hereby give permission and consent the school, it's President, Commandant or designated agent to administer drug screen or other medically accepted method for testing for the presence of non-prescription, illegal drugs and substance. This test shall required at the discretion of the Marion Military Institute, its President, Commandant or designated agent. I understand that a positive finding will result in dismissal from Marion Military Institute Corps of Cadets.

I understand that a conviction for any offense, during a period of enrollment for which I receive Title IV, HEA program funds, under any federal or state law involving the possession or sale of illegal drugs will result in the loss of eligibility for any Title IV, HEA grant, loan, or work-study assistance (HEA sec. 484r(1); (20 U.S.C. 1091r(1)).

Cadet's Signature

(Print)
Last Name, First, Middle Initial

(month/day/year)
Date