

I am currently taking or have recently taken:

## Adrian Public Schools

PO Box 40, Adrian, MN 56110-0040

District Office 410 Indiana Avenue Phone: 507 483-2266 FAX: 507 483-2342

515 Oklahoma Ave Phone: 507 483-2225 FAX: 507 483-2461

Elementary School

Middle/High School 415 Kentucky Ave Phone 507 483-2232 FAX: 507 483-2375

Roger Graff, Superintendent <a href="mailto:r.graff@isd511.net">r.graff@isd511.net</a>

Russell Lofthus, Principal r.lofthus@isd511.net

Cate Koehne, Principal c.koehne@isd511.net

## **EXPLANATION OF POSITIVE TEST RESULT**

I the undersigned employee/job applicant of **Independent School District No. 511, Adrian, Minnesota** acknowledge receipt of a Notice of Test Results and Various Rights. This includes my right to explain the positive test result on a confirmatory test.

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	no over-the-counter or prescription medications; or the following over-the-counter or prescription medications:
I also off result:	Fer the following information relevant to the reliability of, or explanation for, a positive test
 Date:	
Signature	e of Employee/Job Applicant
Typed or	Printed Name