



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



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

I understand that my enrollment as a student at Marion Military Institute (MMI) and a member of the Marion Military Institute Corps of Cadets is contingent upon practicing and participating in a Drug-Free lifestyle. Information about the Institute's *Drug and Alcohol Awareness Program* is available by reviewing the [Cadet Manual](#) and our [Drug and Alcohol Policy](#) at these institutional website links. MMIs policies addressing drug, alcohol, and substance abuse are subject to change at any time in support of local, state, and federal laws and directives. For instance, the Legislature of Alabama enacted Act 2010-717, HB697 (22 Apr 2010) making Salvia Divinorum (aka "Bluegrass") an illegal substance.

I hereby give permission and consent to the Institute, its President, Commandant, or designated agent, to administer drug screening or any other medically accepted method(s) for testing for the presence of non-prescription, illegal drugs, and other substances in my body/system. This test may be required by direction of Marion Military Institute's President, Commandant, or designated agent. I understand that a positive finding of substance abuse will result in my dismissal from Marion Military Institute.

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 Name, Middle Initial

_____/_____/_____
(month/day/year)
Date