## [TO BE PLACED ON SCHOOL DISTRICT LETTERHEAD]

## - ACKNOWLEDGMENT -

## DRUG-FREE WORKPLACE/DRUG-FREE SCHOOL POLICY

I have received a copy of the Drug-Free Workplace/Drug-Free School Policy of Independent School District No. \_\_\_\_\_, \_\_\_\_\_\_, Minnesota.

Dated: \_\_\_\_\_

Signature of Employee/Applicant

Typed or Printed Name