



Office of Student Affairs

Dear **Student**,

Greetings in St. La Salle!

De La Salle University adheres and actively responds to the call of the government for a drug free nation. To support efforts to minimize, if not totally eradicate, the problem of illegal drugs, the University developed an anti-drug use and abuse program called **Lasallians' Fight Against Drugs (LFAD)**, which includes random and mandatory drug testing activities for students. Random and mandatory drug testing activities are conducted to determine the prevalence of drug use among students and provide the appropriate interventions for those who test positive.

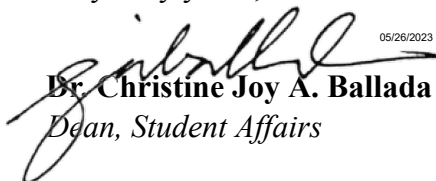
The LFAD Random Drug Testing may be conducted anytime within the academic year in accordance with Article III Section 36C of RA 9165 or the Comprehensive Dangerous Drugs Act of 2002.

The LFAD Mandatory Drug Testing is one of the admission requirements for incoming students and is included in the Annual Physical Examination (APE) of enrolled students. Specific schedules of mandatory drug testing shall be determined by the Health Services Office. A contracted DOH-accredited drug testing medical team will collect urine specimens from students on campus.

In view of this, please be informed that **you are required to undergo drug testing**. Rest assured that the University shall not publish results, whether positive or negative. Further, positive results will be treated with utmost care and confidentiality and **shall not be used in disciplinary or criminal proceedings**.

Thank you for supporting our efforts to make the University a safe and healthy space for all.

Very truly yours,


Dr. Christine Joy A. Ballada
Dean, Student Affairs

DRUG TESTING CONSENT FORM

I, _____, taking _____,
(Name of Student) *(Degree Program)*

with ID Number _____, consent to undergo random and mandatory drug screenings. Further, I promise to fully abide by the rules and regulations of the DLSU Student Handbook on the Drug Testing Program.

Conforme:

Printed Name and Signature of Student

Printed Name and Signature of Parent/Guardian

Date Signed

Date Signed