



Drug Testing Waiver Form

Dear Parents/Guardians/Students:

We at NU Laguna recognize and fully support the Philippine government's campaign against the trafficking and use of dangerous drugs and other similar substances. We envision a safe and drug-free campus and community.

In this regard, we shall be conducting our own mandatory random drug testing program. This program is separate from the random drug testing to be conducted by the government pursuant to Section C of Article III R.A. 9165, otherwise known as, "*The Comprehensive Dangerous Drugs Act of 2002*." Nonetheless, the program follows the government's guiding principles where those found positive for illegal drug use are considered victims who need assistance and guidance. Hence, you can be assured that the results will be strictly confidential and will not be used for any proceedings, whether administrative or criminal, against the student pursuant to the provisions of the DDB Board Orders No. 6 series of 2003, No. 3 series of 2009 and the CHED Memorandum Order No. 64 series of 2017.

All other information on the drug testing program can be found in the Student Handbook.

Thank you for your support and understanding.

Sincerely,

Josefina G. San Miguel, PhD
Senior Director for
Academics

Drug Testing Consent Form

(For parent or guardian. Form must be returned to SDAO)

I, Mr./Ms. Julia A. Santos, parent/legal guardian of
(Full Name)
Juan A. Santos 2024-000001 who is currently enrolled in the program
(Name of Student & ID No.)

BS Information Technology, affirm that I have READ and FULLY ACCEPT the
(Degree Program)
Mandatory Drug Testing Program of NU Laguna. I hereby give my consent to the conduct of the random drug screening procedure for its students, and I undertake to fully abide by the rules and regulations of the NU Student Handbook on the Drug Testing Program.

Signed this 2nd day of February, in the year 2025.

Julia A. Santos
Signature over Printed Name of Parent/ Legal Guardian

Mother
Relationship to the Student

Acknowledgment Receipt

(For student. Receipt must be returned to SDAO)

I, Juan A. Santos 2024-000001 currently enrolled in the program
(Name of Student & ID No.)
BS Information Technology, acknowledge that I have received a copy of the Drug
(Degree Program)

Testing Waiver form. I affirm that it is my responsibility to inform my parents/guardian about the Program, to hand this letter to them and to return the signed drug testing consent form to SDAO.

Juan A. Santos
(Signature over Printed Name of Student)