

LINC ID Online Application

To be part of the LINC ID program, please PRINT and complete the following form and bring to:

265 Rucker St.
McClellan, AL 36205

Or mail to:

P.O. Box 5072
McClellan, AL 36205

ALL questions on the form *MUST* be completed.
Student *AND* parent signature *MUST* be provided.

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____

SCHOOL _____

GRADE _____ SOCIAL SECURITY NUMBER _____

It is agreed that the above named student can participate in the LINC ID program and will abide by the rules of the program including random drug testing.

It is understood that the LINC ID card is property of law enforcement and can be revoked.

Student Signature

Date

PARENT OR GUARDIAN MUST COMPLETE THE FOLLOWING SECTION:

By my signature, I certify that I am the custodial parent or legal guardian of the above-named child. My signature further indicates my permission for my child to participate in the LINC ID program, which will include random drug screens, which I understand will consist of urinalysis. I understand that I may also request other drug testing such as Breathalyzer testing for my child

Parent Name (Please Print)

Parent Signature

Date