Minnesota State University, Mankato  
Alcohol and Drug Studies Program  

Form of Understanding  

Student Name: ____________________________________________________________________  
(First)   (Middle)  (Last)  

1. I have read and understand the Rules of Professional Conduct.  
   Student Signature: ________________________________  Date: _____________  

2. I have read and understand the 42 CFR, Part 2: Confidentiality of Alcohol and Drug Abuse Patient Records.  
   Student Signature: ________________________________  Date: _____________  

3. I have read and understand the 12 Core Functions.  
   Student Signature: ________________________________  Date: _____________  

4. I have read and understand the Alcohol and Drug Studies Program Policies.  
   Student Signature: ________________________________  Date: _____________  

5. I have read and understand the Alcohol and Drug Studies Application and Screening Procedures.  
   Student Signature: ________________________________  Date: _____________