



Institutional Drug-Testing Program
Student-Athlete Notification Form

[After student-athlete signs, institution may provide the student-athlete with a copy of this form.]

Student-Athlete: _____

Date of Notification: _____

Institution: _____

Time of Notification: _____ am/pm

Sport: _____

Notification: in person direct phone contact

I, The Undersigned:

- Acknowledge being notified (either in person or by direct telephone contact) to appear for institutional drug testing and have been notified to report to the drug-testing station with picture identification at

_____, on _____ at _____ am/pm.
(location of test) (date of test) (time of test)

- I will be prepared to provide an adequate specimen and will not over hydrate. (Do not drink too many fluids.) I understand that providing numerous diluted specimens will be cause for follow-up drug testing.
- I understand failure to appear at the site on or before the designated time may constitute a withdrawal of my previous consent to be tested as previously indicated on the Drug-Testing Consent Form and could result in a penalty.

By signing, I have been notified of my selection for drug testing, and am aware of what is expected of me in preparation for this drug-testing event.

Student-Athlete's Signature: _____

Phone number on test day: _____

Comments: _____

For Collection Crew Use Only:

Void 1: Validator: _____ SG: _____ Beaker Bar Code Label: _____

Void 2: Validator: SG: Beaker Bar Code Label: _____

Void 3: Validator: SG: Beaker Bar Code Label: _____

Void 4: Validator: SG: Beaker Bar Code Label: _____

Specimen Bar Code Label: _____
Revised: June 2014