

DRUG TESTING PROGRAM STUDENT-ATHLETE NOTIFICATION FORM

Student-Athlete: _____
 Social Security Number (optional): _____
 Sport: _____
 Date of Notification: _____ Time of Notification: _____ AM or PM

I, _____, (*Student-Athlete*) the undersigned:

Acknowledge being notified to appear for institutional drug testing and have been notified to report to the drug-testing site at:

_____ (*location*) on _____ (*date*) at _____ (*time*).

- I will be prepared to provide an adequate urine specimen and will not over hydrate. I understand that providing numerous diluted specimens may be cause for follow-up drug testing.
- I will be prepared to provide an adequate saliva sample if necessary and will not eat or drink at least 10 minutes prior to providing a saliva sample.
- I will be prepared to provide an adequate hair sample if necessary.
- I understand that I may have a witness accompany me to the drug-testing site.
- I understand that failure to appear at the site on or before the designated time will constitute a withdrawal of my previous consent to be tested as part of the Institutional Drug Testing Consent and will result in a penalty.

By signing below, I acknowledge being notified of my participation in institutional drug testing, and I am aware of what is required of me in preparation for this drug-testing event.

Student-Athlete Signature

Date

I can be reached at the following phone number on test day: _____

Institutional Representative retains top portion of completed forms.

For Student-Athlete: Bethany College Drug Testing Program

Student-Athlete: _____
 Location of test: _____
 Date of Test: _____ Time to Report: _____ AM or PM

Report to the test site with picture identification. Do not drink too many fluids.