

Attachment B

East Georgia State College Drug and Alcohol Testing Program Student-Athlete Notification Form

Student-Athlete: _____

Student ID: _____ Sport: _____

Date of Notification: _____ Time of Notification: _____ am/pm

I, _____, the undersigned:

Student/Athlete

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

_____, on _____ at or before _____ am/pm

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 understand that I may have a witness accompany me to the drug and alcohol 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 and Alcohol Testing Consent and failing to appear will result in a no show "test positive".

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

Signature: _____ Date: _____

Student-Athlete

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

Institutional Representatives retain top portion of completed forms

East Georgia State College Drug and Alcohol Testing Program

Student-Athlete: _____

Location of Test: _____ Date of Test: _____ Report Time: _____