

Augusta State University Athletics
Drug and Alcohol Testing Program
Student-Athlete Notification Form

Student-Athlete:

Social Security No: _____ Sport: _____
(optional)

Date of notification: _____ Time of notification: _____ a.m./p.m.

I, _____, the undersigned:
(NAME)

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 _____ on or before _____ a.m./p.m.
(location) (date) (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 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 will result in a penalty.

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 preparation for this drug and alcohol-testing event.

Student-Athlete's Signature: _____ Date: _____

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

Institutional Representative retain top portion of completed forms.



..... For Student-Athlete

Augusta State University Athletics Drug and Alcohol Testing Program

Student-Athlete: _____

Location of test: _____ Date of test: _____ Time to report: _____

Report to the test site with picture identification.

DO NOT DRINK EXCESSIVE FLUIDS.