

Attachment B

**East Georgia State College Drug 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 testing and have been notified to report to the drug 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 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 EGSC Substance Abuse Policy and will result in a no show "test positive".

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 participation for this drug 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 form

East Georgia State College Drug Testing Program

Student-Athlete: _____

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