



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)

this drug-testing event.

Student- \$ W K O H W H ¶ V 6 L J Q D W X U H _____

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