



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