	NOTIFICATION OF SCHEDULED SCREEN	NING DRUG TESTING
TO:		Student Athlete
FROM:		Athletic Director
DATE:		
RE:	Scheduled Drug Test Screening	
Your name	has been selected for screening drug testing as a member	of the:
You are to	report to on	
at	If you cannot report at this time, \underline{Y}	OU MUST call your athletic trainer
to <i>re-sched</i>	dule for another time on that same date.	
	It is mandatory that you report for this scheduled dr	ug test on the specified date listed abo
oral swa	ll be required to provide a urine specimen (or alternative c ab) at that time, consistent with the policies and procedure sity Athletics Drug Education, Screening, Counseling, and	es established by the East Carolina
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Printed Nar	me:	_
	(student athlete)	
Signature:_		
	(student athlete)	(date and time)
Witness:	(designated University official delivering the notice)	(date and time)
		,

<u>ATHLETE MUST PRESENT PICTURE ID</u>