

**DRUG EDUCATION SCREENING, COUNSELING AND TESTING PROGRAM
REGULATION CONSENT FORM AND RELEASE OF FERPA PROTECTED INFORMATION**

The Board of Governors of The University of North Carolina has mandated that East Carolina University adopt mandatory testing of student-athletes for banned substances. Therefore, ECU adopted this Regulation to comply with the Board of Governors' directive. I have read and reviewed ECU's Drug Education Screening Counseling and Testing Program Regulation. I have been given an opportunity to ask any questions I may have had about the Regulation. I understand the Regulation and my responsibilities under it. I agree to abide by its provisions and have decided voluntarily to participate in the intercollegiate athletics programs to which this Regulation applies. I further understand that my participation in intercollegiate athletics is contingent on my adherence to this Regulation. I consent to tests for banned substances administered pursuant to this Regulation and I consent to notification of my parents or guardians under the circumstances outlined in this Regulation. I understand that this Regulation may be amended by ECU at any time, and that conformance with ECU's Regulation on Formatting, Adopting, and Publishing Policies, Regulations, and Rules for the University Policy Manual will provide me with sufficient notice of any amendment. I also understand that the complete regulation can be found at <http://www.ecu.edu/prr/09/35/02>.

Further, I understand that dietary supplements may contain banned substances and the use of such may result in a positive drug test. I also understand that I am ultimately responsible to know what I am putting into my body, and that should I have any questions regarding supplements I should contact the Director of Sports Nutrition or a member of the athletic training staff before consuming.

I also hereby give representatives of East Carolina University ("ECU") permission to disclose and/or discuss any portion of my records related to my participation in ECU's Drug Education, Screening, and Counseling Program Regulation. These records can be provided for any purpose, by mail or telephone, with any or all the parents and/or guardians listed below:

Name of individual(s) who may receive this information:

STUDENT-ATHLETE PRINTED NAME

STUDENT-ATHLETE SIGNED NAME

SPORT

BANNER ID

DATE

SIGNATURE OF PARENT/GUARDIAN IF STUDENT-ATHLETE IS UNDER 18

DATE