NOTIFICATION OF SCHEDULED SCREENING DRUG TESTING

TO:                      
Student-Athlete

FROM:                    
Director of Athletics

DATE:                    

RE:  Scheduled Drug Test Screening

Your name has been selected for screening drug testing as a member of the Team.
You are to report to on at . If you cannot report at this time, call the Athletic Training office, (252) 737-4560, to re-schedule for another time on that same date.

It is mandatory that you report for this scheduled drug test on the specified date listed above.
At the time of the test, you will be required to provide a urine specimen (or may undergo another type of test, such as saliva testing via oral swab, which is a standard alternative collection method), consistent with the policies and procedures established by the East Carolina University Drug Education, Screening, Counseling and Testing Program.

I understand that failure to appear at the assigned time will be treated as a positive test result and I will be suspended from Athletics participation until I provide a sample.

Printed Name:______________________________ (Student-Athlete)
Signature:_______________________________ (Student-Athlete) (Date and Time)
Witness:______________________________ (Designated University Official Delivering the Notice) (Date and Time)

Scheduled Screening Drug Test:
Name:_________________________ Date:__________
Time:_________________ Place:_____________________

*ATHLETE MUST PRESENT PICTURE ID*