

STUDENT ID NUMBER: _____



SOUTHERN UNION - CONSENT TO DRUG TESTING

I understand that to participate in intercollegiate athletics, I will be required to submit to mandatory drug testing. I agree to submit to urine specimen collection(s) for purposes of analysis for drug use. I further agree and consent to the disclosure of the records and test results relating to this analysis to be released to the Athletics Director, Head Coach, or other designated college representative in order that my eligibility to participate in the athletic program can be determined.

Date

Student Athlete's Signature

Student Athlete's Name Printed

Parent's/Legal Guardian's Signature
(If athlete is a minor)