

STUDENT ID NUMBER: _____



**SOUTHERN UNION STATE COMMUNITY COLLEGE
ACKNOWLEDGEMENT OF STUDENT ATHLETE DRUG TESTING POLICY**

I certify that I have received a copy of The Alabama College System Drug Testing Policy and Guidelines for student athletes and I have read and understand the requirements of the policy and guidelines in order to participate in intercollegiate athletics.

Date

Student Athlete's Signature

Student Athlete's Name Printed

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