

Lurleen B. Wallace Community College

Athletic Department

CONSENT TO DRUG TESTING

I understand that to participate in intercollegiate athletics, I will be required to submit mandatory drug testing. I agree to submit to urine specimen collection(s) for the 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.

Student Athlete's Name Printed

Student Athlete's Signature

Date

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

Date