

NC STATE UNIVERSITY

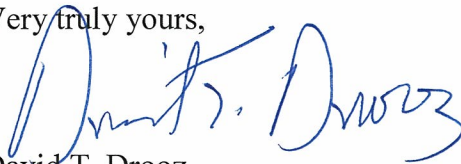
March 2, 2007

Mr. Scott Fontaine
6146 S. Cushman Avenue
Tacoma, WA 98408

Dear Mr. Fontaine:

NC State University is in receipt of your correspondence to Chancellor James Oblinger making a public record request for documents related to the drug testing of NC State University athletes conducted since January 1, 2004. In response to your request enclosed are documents relating to the accounting and punishment of all positive tests. Furthermore you requested the budget dedicated to drug testing for fiscal or calendar years 2004 through 2007. The university budgets \$20,000 per year for the drug-testing program. In response to your request for contracts or agreements with vendors who have a role in the drug testing of athletes, the University of North Carolina System only has one contract with LabCorp. If you wish to obtain documentation related to this vendor contract you will need to submit a request to Elizabeth Bunting, Associate Vice President for Legal Affairs at University of North Carolina General Administration, P. O. Box 9000, Chapel Hill, North Carolina 27514.

Very truly yours,



David T. Drooz
Senior Associate General Counsel

Enclosures

NC State Athletics Department
First Occasion Acknowledgement Form

I, [REDACTED] acknowledge that I have been involved in a "First Occasion" violation of the North Carolina State University Substance Abuse Policy by testing positive for a prohibited substance. I have met with the NCSU Substance Abuse Specialist and the policy on student athletes and substance abuse issues has been reviewed with me. I have been advised that failure to comply with NCSU Athletics and Student Conduct policies related to substance abuse could result in my release from the team and the termination of any financial aid that I may be receiving.

By signing this document I further acknowledge that I am aware of the potential consequences any further incidents involving alcohol or other drugs may have on continued involvement in academic and athletic participation at NCSU. This document will remain in effect throughout the completion of my enrollment at NCSU.

[REDACTED]

[REDACTED]
Date Signed

L. Worth Bolton
Signature of Witness

[REDACTED]
Date Signed

L. WORTH BOLTON
Witness (Print your name)

[Signature]
NCSU Sports Medicine

[REDACTED]
Date Signed

**NC State Athletics Department
Sports Medicine**

SECOND OCCASION ACKNOWLEDGEMENT FORM

I, [REDACTED], acknowledge that I have been involved in a "Second Occasion" violation of the NCSU Substance Abuse Policy by testing positive for Marijuana. I have met with the Sports Medicine Substance Abuse Clinical Specialist and the policy on student athletes and substance abuse has been reviewed with me. I have been advised that failure to comply with NCSU Athletics and Student Conduct policies related to substance abuse could result in my release from the team and the termination of any financial aid I may be receiving.

I am also aware that the following conditions are required of me and that failure to fully comply may also result in termination of my athletic involvement and any financial aid I may be receiving.

1) I will be tested for the presence of illegal substances in my system on a random and regular basis throughout the remainder of my involvement with NCSU Athletics.

2) I will be required to attend outpatient intensive substance abuse counseling sessions until I am released from this commitment by Sports Medicine Department. I will fully participate in this program on the following schedule:

Arbor Counseling Center Suite #101

4010 Barrett Drive

Raleigh, NC 27609

Phone: 788-8002

Tuesday and Thursday Evenings from 6:00 – 8:00pm

- I must be on time, stay for the entire session and actively participate.
- Tardiness, sleeping during sessions, and failure to participate are ground for dismissal from the program and will be viewed as noncompliance with this requirement.
- Any absences or changes in this program must be approved by a member of the Sports Medicine Department IN ADVANCE.
- My schedule to attend these sessions is as follows:
Tuesday - 01/17, 01/24, 01/31, 02/07, 02/14,
Thursday – 01/19, 01/26, 02/02, 02/09, 02/26

Second Occasion Acknowledgement Form
Page 2

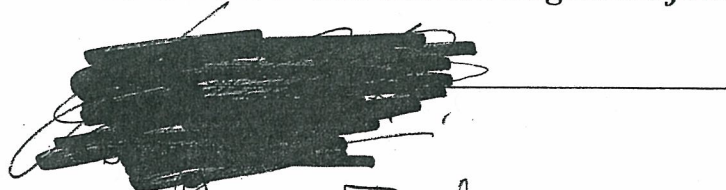
- 3) These services are designed to help me develop and maintain positive coping skills to avoid any further involvement with marijuana or any other substances not legally approved by the Sports Medicine Department's assigned Team Physician.
- 4) I agree to sign appropriate release forms to allow communication between Arbor Counseling Center, the NCSU Substance Abuse Specialist, and the NCSU Sports Medicine Department.

These conditions are required to help me successfully complete my academic and athletic participation at NCSU. My Coach and the NCSU Sports Medicine Department are committed to helping me demonstrate my willingness and ability to succeed. My responsibility is to make a full commitment to this process and to move forward in a positive way with my life.

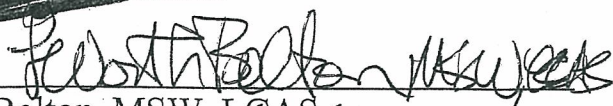
By signing this document I acknowledge that I am aware of the potential consequences any further incidents involving violations of the substance abuse and student conduct policies may have on my continued involvement in academic and athletic participation at North Carolina State University.

This document will remain in effect throughout the completion of my enrollment at NC State University.

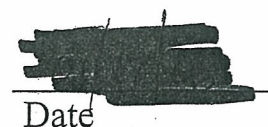
My signature indicates my understanding and agreement with the conditions in this acknowledgement form.

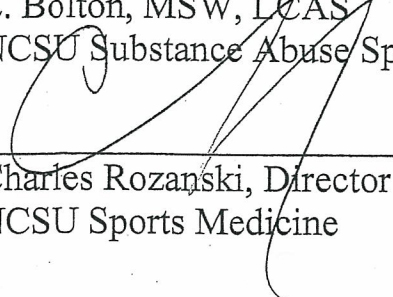



Date

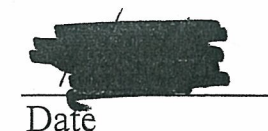


L. Bolton, MSW, LCAS
NCSU Substance Abuse Specialist


Date



Charles Rozanski, Director
NCSU Sports Medicine


Date

North Carolina State University is a land-grant university and a constituent institution of The University of North Carolina

**Office of the Director
Department of Athletics**

NC STATE UNIVERSITY

An Equal Opportunity/Affirmative Action Employer

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Room 2120, Weisiger-Brown Athletics Facility
2500 Warren Carroll Drive
Raleigh, North Carolina 27695-8502

(919) 515-2109 (Telephone)
(919) 515-3624 (Fax)

[REDACTED]
[REDACTED]
[REDACTED]
Raleigh, NC 27606

Dear [REDACTED]

In accordance with the North Carolina State University Board of Trustees Policy on Drug Education, Screening, and Counseling Program for Intercollegiate Athletics, I am notifying you of my intention to suspend you from the football team and to cancel your eligibility permanently. This is a result of a third occurrence of a positive drug screening test on [REDACTED]

I encourage you to seek professional counseling. Our Sports Medicine staff is available to assist you.

A copy of the Drug Policy is enclosed. You may appeal this suspension as outlined in Section G of the policy.

Sincerely,



Lee G. Fowler
Director of Athletics

LGF:lsf
Attachment

2005-2006 Drug Testing Overview

No. of Test for Year	NCSU	NCAA	Total
	19	2	21

Testing By Sport	No. Of Dates	Number of Indiv. Tested	Random	R.S.	NCAA
Baseball	5	32	32	0	0
Men's Basketball	4	10	4	2	4
Women's Basketball	2	5	5	0	0
Football	7	64	33	13	18
Softball	2	10	10	0	0
Men's Swimming	2	8	8	0	0
Women's Swimming	2	10	10	0	0
Men's Tennis	1	2	2	0	0
Men's Track	1	6	6	0	0
Volleyball	2	4	4	0	0
Wrestling	3	21	7	6	8
Totals	31	172	121	21	30

Testing By Date	Sport 1	Random/R.S.	Sport 2	Random/R.S.	Sport 3	Random/R.S.	Sport 4	Random/R.S.
8/15/2005	FB	7/2						
9/19/2005	WR	7/0	MBK	3/0				
9/20/2005	BSB	6/0						
9/21/2005	BSB	6/0	FB	0/1				
9/26/2005	WR	0/6						
9/27/2005	BSB	6/0						
10/11/2005	FB	7/4						
10/27/2005	MBK	0/1	WBK	3/0	VB	3/0	SB	5/0
11/10/2005	FB	NCAA	WR	NCAA				
11/29/2005	MSWM	3/0	WSWM	4/0				
12/18/2005	FB	5/2						
1/26/2006	BSB	6/0	MTEN	2/0				
1/31/2006	MSWM	5/0	MTRK	6/0	MBK	1/1		
2/2/2006	FB	7/0						
2/7/2006	WBK	2/0	WSWM	6/0	SB	5/0	VB	1/0
3/17/2006	MBK	NCAA						
4/5/2006	FB	7/4						
4/11/2006	BSB	8/0						

Drug Testing for 2004-2005	
8/8/2004	FB- 61
8/15/2004	FB- 50
9/9/2004	BB- 8
	MBKB- 2
10/7/2004	FB- 15
10/8/2004	WSWM- 8
10/12/2004	MSWM- 13
	WR- 7
11/10/2004	FB- 3
11/16/2004	FB-14
11/18/2004	WSOC- 3
	WGOLF- 2
	WBKB- 3
	GYM- 3
1/24/2005	FB- 10
1/25/2005	WR- 7
	MSOC- 1
	MBKB-1
1/31/2005	WR-1
2/11/2005	FB-6
3/2/2005	VB- 2
	GYM-4
	SB-3
	WSOC-6
3/25/05 NCAA	MBKB- 1
4/13/2005	VB-2
	SB-6
4/18/2005	MBKB- 3
	WR- 8
4/19/2005	BB-5
	MTRK- 4

262 total ✓
 M. Brown 3 Comp.
 NCMF

NCSU STUDENT ATHLETE
SUBSTANCE ABUSE EDUCATION AND INTERVENTION PROGRAM

This is to certify that



has successfully completed that Student Athlete Substance Abuse Education and Intervention Program with a satisfactory final grade.

This program consists of lectures, videos, and group discussion on topics pertinent to the athlete in the college environment. The pre-test and post-test exams are designed to measure changes in knowledge and attitudes in the following areas:

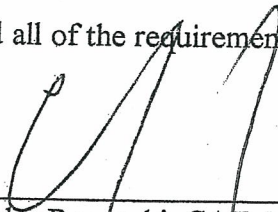
- 1) Signs and symptoms of abuse and dependence to alcohol and other drugs.
- 2) Stress management and leisure time pursuits for collegiate athletes.
- 3) Social-recreational and performance enhancing substance abuse issues.
- 4) Recognition of unhealthy stress levels and appropriate courses of action.

The above-named athlete has successfully fulfilled all of the requirements of this program as attested to below:



L. Worth Bolton, CCSW, CCAS
Instructor

12-02-04
Date Completed



Charles Rozanski, CAI, Director
NCSU Sports Medicine

12/2/04
Date