

The University of North Texas Sports Medicine Department

CONSENT TO TESTING URINE SAMPLE AND AUTHORIZATION FOR RELEASE OF INFORMATION

TO UNIVERSITY OF NORTH TEXAS

AN AGREEMENT TO ABIDE BY THE TERMS AND CONDITIONS CONTAINED THEREIN

I hereby consent to have samples of my urine collected and tested for the presence of certain drugs or substances in accordance with the provisions of the UNT Intercollegiate Athletics Drug Testing Program, at any time urinalysis testing is required under the program during the academic year.

I further authorize the University of North Texas to make a confidential release to the Athletic Director, Head Coach, Athletic Trainer and to any other individuals authorized by this policy or by the Athletic Director of test results relating to the screening or testing of my urine sample(s) in accordance with the provisions of the UNT Intercollegiate Athletics Drug Testing Program.

Print Name (Student Athlete)

Date

Signature (Student Athlete)

Date

Social Security Number