



ALVIN COMMUNITY COLLEGE

**DEPARTMENT OF ATHLETICS
DRUG EDUCATION AND TESTING PROGRAM**

**CONSENT TO DRUG TESTING AND
AUTHORIZATION FOR RELEASE OF INFORMATION**

TO: Athletic Department
Alvin Community College

I hereby acknowledge that I have received a copy of the Alvin Community College Drug Education and Testing Program Policy. I further acknowledge that I have read said Policy, that it has been outlined to me, and that I fully understand the provisions of the Policy.

I hereby consent to have a sample of my urine collected and tested through the Alvin Community College Mental Health Department in accordance with the provisions of the NJCAA, Region XIV, and Alvin Community College Drug Education and Testing Policy during the current academic year and during any subsequent years in which I might be a member of an intercollegiate athletic team at Alvin Community College.

I further authorize you to make a confidential release to my parent(s) or legal guardian(s); the head coach of any intercollegiate sport in which I am a team member; and the Director of Mental Health at Alvin Community College, all information and records, including test results, you may have relating the testing or screening of my urine or blood samples in accordance with the policy. To the extent set forth in this document, I waive any privilege I may have in connection with such information.

I further release Alvin Community College, the Board of Regents of Alvin Community College, and their officers, employees and agents from any legal responsibility or liability for the release of such information and records authorized by this form.

Print Name

Signature

Date