

**OAKLAND CITY UNIVERSITY
DRUG TESTING CONSENT FORM:**

By signing this form, you affirm that you are aware of the Oakland City University drug- testing program, which provides:

A student/athlete who is found to have utilized a substance on the list of banned drugs, as identified in the OCU Drug Testing Program, will be subject to the action after a positive test.

In addition, the consequences for missing a scheduled drug test is the same as the consequences for testing positive for the use of a banned drug. You agree to allow the OCU outside agency to test you on a year-round basis for any banned drugs.

You were provided an opportunity to review procedure for OCU drug testing. You affirm that you understand that if you sign this statement falsely or erroneously, you will jeopardize your athletic eligibility.

Date	Signature of Student-Athlete
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Date	Signature of Parent-Guardian (if student/athlete is under 18)
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Name (please print)	Date of Birth
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Home Address

Sports Played