

DRUG USE AND TESTING POLICY ACKNOWLEDGEMENT AND CONSENT FORM

I acknowledge that I have received and read the Loyola University New Orleans Student-Athlete Handbook which contains the Drug Use and Testing Policy of the Loyola University Athletic Department. I have read and understand the policy. I further understand that the *policy* may be amended from time to time, with or without notice, in the sole discretion of the Loyola University Athletic Department. I also understand that pursuant to the *policy*, I may be required to submit to a drug and alcohol test at any time.

Student-Athlete's Name (Please Print)

Date

Student-Athlete's signature

Social Security Number