

**Random Drug/Alcohol Testing Withdrawal Form**

I, \_\_\_\_\_, wish to withdraw from

\_\_\_\_\_.

If withdrawing from parking, please insert decal number here: \_\_\_\_\_.

I will submit this form to the advisor or coach of said activity(s) or athletic program. My name will be withdrawn from the testing pool on the date this form is received by the Principal or designee. Completing this form will impact my participation in all athletic programs, extracurricular activities, school clubs, and on-campus parking. I understand, by withdrawing, I can no longer participate in any of these programs and activities. I may re-enter the testing pool after a period of one (1) calendar year by filling out a new consent form.

STUDENTS HAVE FIFTEEN (15) CALENDAR DAYS TO RECONSIDER THEIR DECISION AND RE-ENTER THE POOL WITH NO CONSEQUENCES.

If the student is under eighteen, parent consent for withdrawal is also required.

_____	_____	_____
Student Signature	Print Name	Date

_____	_____	_____
Parent Signature	Print Name	Date

_____	_____	_____
Advisor Signature	Print Name	Date

_____	_____	_____
Principal Signature	Print Name	Date

Additional Advisors and/or Coaches

_____	_____
_____	_____
_____	_____

Review/Revised:11/9/2006