

**Appendix E**  
**University of Massachusetts Amherst**  
**Elaine Marieb College of Nursing**  
**Student Drug Testing Notification Form**

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Notification Date & Time: \_\_\_\_\_

I, the Undersigned:

Acknowledge being notified to appear for drug testing and have been notified to report to the drug-testing station at:

Location and Time: \_\_\_\_\_ Date: \_\_\_\_\_

I will be prepared to provide an adequate specimen and will not over hydrate.

**I understand that I may have a witness accompany me to the drug-testing site.**

By signing, I have been notified of my selection for drug testing and am aware of what is expected of me in preparation for this drug-testing event.

**Student's Signature:** \_\_\_\_\_

I can be reached at the following telephone number on day of the test:

Telephone Number:

**Note:** Report to the test site with picture identification.

**DO NOT DRINK TOO MANY FLUIDS**