Date

Athlete Name

Coaches Name

**Confidential**

Dear (Athlete name),

This is a written record to inform you that you sustained a Non-compliance or a Non-negative test during the drug testing on Date. (if non-compliance, identify infraction).

This is your (enter occurrence) non-negative test for THC or Non-THC. According to our drug testing policy, you are suspended from all athletic team participation until initial meeting is scheduled and completed. This meeting will include the Director of Athletics – or designee, head coach – Head Coach Name, and drug testing coordinator.

Due to this being your (enter occurrence) non-negative test, you will be suspended for Percentage of regular season games or number of games, as well as must complete required sessions through The University of North Carolina at Pembroke Counseling and Psychological Services (CAPS).

Sincerely,

Director of Athletics