



The University Interscholastic League (UIL)
Anabolic Steroid Testing Program Appeal Form
2008-2009

Please submit the completed UIL Anabolic Steroid Testing Program Appeal Form and any other accompanying documentation to the University Interscholastic League. Keep a copy for your records. Before completing this form, read the UIL Anabolic Steroid Testing Program Protocol, giving particular attention to the provisions governing appeals.

University Interscholastic League
PO Box 8028 University Station
Austin, TX 78713
Phone: 512-471-5883; Fax: 512-471-6589; www.uil.utexas.edu

Student-Athlete Information (please type or print clearly)

Last Name: _____ First Name: _____ Grade Level (circle): 9 10 11 12

Female Male Parent's Last Name _____ Parent's First Name _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Contact Phone Number: _____ Alternate Phone Number: _____

Email address: _____ (check box if email may be used for confidential communication)

Student participates in the following UIL athletic activities: _____

Name and Contact Information of Legal Counsel (if applicable): _____

School Information (please type or print clearly)

School Name: _____ ISD Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

School Phone Number: _____ School Fax Number: _____

Name of Member School Representative (MSR): _____

MSR Email address: _____ (check box if email may be used for confidential communication)

(MSR information should be verified by the school. If only the school is appealing, permission to appeal must be obtained from the student-athlete and his or her parent. Also the student-athlete and his or her parent must sign a waiver of privacy and confidentiality in a form that contains the relevant language set forth in the Student-Athlete /Parent Declaration below.)

Student-Athlete's Name (print): _____

Appeal Information (please type or print clearly)

Appeals may only be based upon alleged errors in the collecting, testing and analysis of the specimen that, if true, would materially affect the test result. The alleged errors that form the basis of the appeal must be clearly stated in this Appeal Form. No other allegations or issues will be considered on appeal. There is no appeal concerning a medical exception. (Attach any additional pages or documents as necessary)

I / We request this appeal be considered by the following method (choose one):

- Written Submission
- Telephonic Hearing

Student-Athlete / Parent Declaration

I / We, the undersigned, certify that to the best of our knowledge the information provided in this application is true and correct and that I / We have read the UIL Anabolic Steroid Testing Program Protocol. I / We are appealing the results of a test specimen as provided for in the UIL Anabolic Steroid Testing Program Protocol. I / We waive any right to privacy or confidentiality, either statutory or at common law, and authorize the release of the UIL Anabolic Steroid Testing Program specimen test results and any other documents or information relevant to this appeal to the University Interscholastic League, its staff members, the UIL State Executive Committee, the hearing officer and other individuals necessary to this appeal.

Student-Athlete signature: _____ Date: _____

Parent signature: _____ Date: _____

If the student-athlete is a minor, a parent (as defined in the UIL Anabolic Steroid Testing Program Protocol) must sign with the student-athlete.