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

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.)

UIL Anabolic Steroid Testing Program Appeal Form
Revised August, 2009

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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)

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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.