

2024 District Release

I hereby give permission to the Center for Prevention Research and Development at the **University of Illinois** to release a copy of our **DISTRICT'S** Illinois Youth Survey **report(s)** to the following individual(s) and organization(s) for use in assessment and evaluation. We agree to release our IYS reports for the following year: **□ 2024** FOR THE FOLLOWING TYPE(S) OF REPORT(S): ☐ District frequency report(s) ☐ School frequency report(s) for the schools listed below **DISTRICT INFORMATION District Name:** Street Address: City & Zip: SCHOOL INFORMATION (Release of reports from all schools listed below, if applicable) Please enter school name(s) in the fields below: **RELEASE REPORTS TO THE FOLLOWING ORGANIZATION(S): Organization: Organization:** Name: Name: Title: Title: Phone: Phone: **Email Address: Email Address: AUTHORIZED SCHOOL REPRESENTATIVE RELEASING REPORT(S)** The designated school representative must have the title of Principal or Assistant/Associate Principal. Name: Title: **Phone:** Ext: **Email Address:**

Return this signed form by email to CPRD at cprd-iys@mx.uillinois.edu



Signature of Authorized Representative

Date