



ILLINOIS YOUTH SURVEY

2024 School Release

I hereby give permission to the **Center for Prevention Research and Development at the University of Illinois** to release a copy of our **SCHOOL'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):

School frequency report (summary of all IYS responses per grade)

SCHOOL INFORMATION

School Name:

Street Address:

City & Zip:

RELEASE REPORTS TO THE FOLLOWING ORGANIZATION(S):

Organization:	<input type="text"/>	Organization:	<input type="text"/>
Name:	<input type="text"/>	Name:	<input type="text"/>
Title:	<input type="text"/>	Title:	<input type="text"/>
Phone:	<input type="text"/>	Phone:	<input type="text"/>
Email Address:	<input type="text"/>	Email Address:	<input type="text"/>

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:

Signature of Authorized Representative

Date

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