



# Illinois Youth Survey Report Release Permission Form

## 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(s):

2018

Other \_\_\_\_\_

**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			
ADDRESS			
CITY		ZIP	

**SCHOOL INFORMATION (RELEASE OF REPORTS FROM ALL SCHOOLS LISTED BELOW, IF APPLICABLE).**

PLEASE ENTER SCHOOL NAME (S) IN THE FIELDS BELOW		
1.	6.	11.
2.	7.	12.
3.	8.	13.
4.	9.	14.
5.	10.	15.

**RELEASE REPORTS TO THE FOLLOWING ORGANIZATION(S):**

ORGANIZATION		ORGANIZATION	
NAME		NAME	
EMAIL		EMAIL	
PHONE		PHONE	

**AUTHORIZED DISTRICT REPRESENTATIVE RELEASING REPORTS**

*The designated district representative must have the authority to release data with his or her signature.*

NAME			
TITLE			
EMAIL		PHONE	

(Signature of Authorized Representative)

(Date)

Return this signed form by fax or email to Center for Prevention Research and Development at the University of Illinois  
 Email: [cprd-iys@mx.uillinois.edu](mailto:cprd-iys@mx.uillinois.edu)