

Illinois Youth Survey Report Release Permission Form DISTRICT RELEASE

a copy of our DIS	mission to the Center for Prevention Research TRICT'S Illinois Youth Survey report(s) to valuation. We agree to release our IYS report	o the following indi	vidual(s) and	
	\square 2008 \square 2010 \square 2012 \square 2014 \square 202	16 □ 2018 □	Other	
☐ District freque☐ School freque☐ Custom data re	ncy report(s) for the schools listed below eports (special requests for customized analysis)		eyond the free	quency reports)
DISTRICT IN	FORMATION			
NAME				
ADDRESS				
CITY			ZIP	
<u>APPLICABLE</u>	ORMATION (RELEASE OF REPOR). SCHOOL NAME (S) IN THE FIELDS BELO		SCHOOLS	S LISTED BELOW, IF
1.	6.		11.	
2.	7.		12.	
3.	8.		13.	
4.	9.		14.	
5.	10.		15.	
RELEASE RE	PORTS TO THE FOLLOWING OR	GANIZATION(S	5):	
ORGANIZATION		ORGANIZATION		
NAME		NAME		
EMAIL		EMAIL		
PHONE		PHONE		
	D DISTRICT REPRESENTATIVE R			<u>.</u>
TITLE				
EMAIL			PHONE	
(Signature of Aut	porized Representative)			(Date)

Return this signed form by fax or email to Center for Prevention Research and Development at the University of Illinois: Fax: 217.244.0214 Email: cprd-iys@mx.uillinois.edu