



Illinois Youth Survey Report Release Permission 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):

2020

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
TITLE	TITLE
EMAIL	EMAIL
PHONE	PHONE

AUTHORIZED DISTRICT REPRESENTATIVE RELEASING REPORTS

The designated district representative must have the title of Superintendent or Assistant/Associate Superintendent.

NAME			
TITLE			
EMAIL		PHONE	

(Signature of Authorized Representative)

(Date)

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