



# Illinois Youth Survey Report Release Permission

## 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:

2020

### FOR THE FOLLOWING TYPE(S) OF REPORT(S):

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

### SCHOOL INFORMATION

SCHOOL NAME			
ADDRESS			
CITY		ZIP	

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

ORGANIZATION		ORGANIZATION	
NAME		NAME	
TITLE		TITLE	
EMAIL		EMAIL	
PHONE		PHONE	

### AUTHORIZED SCHOOL REPRESENTATIVE RELEASING REPORT(S)

*The designated school representative must have the title of Principal or Assistant/Associate Principal.*

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](mailto:cprd-iys@mx.uillinois.edu)