

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):

□ 2022

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

- □ District frequency report(s)
- \Box School frequency report(s) for the schools listed below

Please check applicable boxes

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):

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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	РН	HONE			

(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: <u>cprd-iys@mx.uillinois.edu</u>