

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

a copy of our SCHOOL'S Illinois Youth S assessment and evaluation. We agree to rele			anization(s) for use in
	□ 2022		
FOR THE FOLLOWING TYPE(S) O	F REPORT(S):		
☐ School frequency report (summary of al	l IYS responses per grade)		
COLLOOL INFORMATION			
SCHOOL INFORMATION SCHOOL NAME			
ADDRESS			
CITY		ZIP	
RELEASE REPORTS TO THE FOLI	. ,		
ORGANIZATION	ORGANIZATION		
NAME	NAME		
TITLE	TITLE		
EMAIL	EMAIL		
PHONE	PHONE		
AUTHORIZED SCHOOL REPRESE The designated school representative must he		,	N.
NAME NAME	ave the title of Principal of Assistant/Asso	ciale Principa	11.
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