ILLINOIS YOUTH SURVEY

ILLINOIS YOUTH SURVEY 2026 DISTRICT RELEASE FORM

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 person/organization for use in assessment and evaluation.

For the following 2026 report(s):

☐ District frequency report(s) (provide district information below)
☐ School frequency report(s) (provide school information below)

District Information

- District Name: _____
- Address: _____ • City & Zip: _____

School Information

(Release of reports from all schools listed below, if applicable)

1. _____ 5. _____
2. _____ 6. _____
3. _____ 7. _____
4. _____ 8. _____

Release reports to the following person/organization:

- Organization: _____
- Name: _____ • Title: _____
- Phone: _____ • Email: _____

Authorized district representative releasing report(s):

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

- Name: _____ • Title: _____
- Phone: _____ • Email: _____

_____ _____

Signature of Superintendent or Assistant/Associate Superintendent *Date*

Return this signed form by email to CPRD at cprd-iys@mx.uillinois.edu

510 Devonshire Drive, Champaign, IL 61820 | Phone: 217.333.3231 | Toll-Free: 888.333.5612 | cprd-iys@mx.uillinois.edu

IDHS ILLINOIS DEPARTMENT OF HUMAN SERVICES

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