ILLINOIS YOUTH SURVEY

ILLINOIS YOUTH SURVEY 2026 SCHOOL 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 **SCHOOL'S** Illinois Youth Survey **report(s)** to the following person/organization for use in assessment and evaluation.

For the following 2026 report:

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

School Information

- School Name: _____
- Address: _____
- City & Zip: _____

Release reports to the following person/organization:

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

Authorized school representative releasing report:

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

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

_____ _____

Signature of Principal or Assistant/Associate Principal *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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