



SCHOOL DISTRICT LEVEL INFORMATION RELEASE REQUEST

PURPOSE OF THIS FORM

This information release form is to be used by school district superintendents to request that school district level results from the New Mexico Youth Risk and Resiliency Survey be released for use at the local level for the purposes of prevention and health promotion efforts. Information obtained through the use of this form may not be released to the general public or the media without express permission of the appropriate school district superintendent.

Return form to by fax or email to:

Dan Green ■ Social Indicator Epidemiologist

Epidemiology and Response Division, New Mexico Department of Health

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Phone: (505)476-1779 • Fax: (505)827-0013 • Email: Dan.Green@doh.state.nm.us

SCHOOL DISTRICT LEVEL INFORMATION RELEASE REQUEST

1 Superintendent authorizing release of information.

Name: _____ Address: _____
Position: _____
Phone: _____
Email: _____

2 Person to whom information is to be released.

Name: _____ Address: _____
Position: _____
Phone: _____
Email: _____

3 Description of information to be released. (Indicate “Complete school district report” and/or provide description of special tables requested.)

Complete school district report
 Topics of interest: _____

5 How will information be used (grant writing, design of intervention, etc.)?

I agree to conform to the data use and reporting restrictions outlined above.

School District Superintendent Signature: _____

Date: _____