2025 Iowa Youth Survey

Parental Consent Fulfillment Attestation

I understand the requirements for collection of consents from the parent or legal guardian of all students who participate in the 2025 Iowa Youth Survey. I agree to engage my school district in the collection of written and/or electronic parental signatures prior to administering the 2025 Iowa Youth Survey to students.

District:

District Superintendent Signature:

District Superintendent Name, Printed:

Date:

Please provide a scanned signature or digital signature using Adobe, DocuSign, or another digital signature service. Typewritten signatures will not be accepted.

Return completed form to: iowayouthsurvey@hhs.iowa.gov