STATE OF IOWA DEPARTMENT OF Health and Human services

2023 Iowa Youth Survey Parental Consent Fulfillment Attestation

I attest to understanding the requirements for the district-wide collection of consent from a parent or legal guardian of any and all students who participate in the 2023 Iowa Youth Survey. I agree to engage my school district in the collection of written and/or electronic parental signatures prior to administering the 2023 Iowa Youth Survey to students.

District Superintendent Signature______
District Superintendent Name Printed ______
Date_____

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

Return this completed form to: iowayouthsurvey@idph.iowa.gov .