

CONSENT FORM

The National Crime Victimization Survey: School Crime Supplement	
in the evaluation of the School Crime Suppleme Survey.	S NAME] has my permission to take part in the National Crime Victimization
In order to have a complete record of his/her con We plan to use the tapes to improve the question questionnaire design research project will have a participation is voluntary and his/her answers wi	nnaire. Only staff directly involved in the access to the tapes. Your child's
This study is being conducted under the authorit control number for this study is 0607-0725. Thi this information collection.	
I have agreed to allow my child to particiquestionnaire design study, and I give perfor the purposes stated above.	•
Parent's Signature	Researcher's Signature
Printed Name	Printed Name

Date

Date