



## CONSENT FORM

### The National Crime Victimization Survey: School Crime Supplement

I, \_\_\_\_\_, agree to take part in the evaluation of the School Crime Supplement in the National Crime Victimization Survey.

In order to have a complete record of your comments, this session will be audio-taped. We plan to use the tapes to improve the questionnaire. Only staff directly involved in the questionnaire design research project will have access to the tapes. Your participation is voluntary and his/her answers will remain strictly confidential

This study is being conducted under the authority of Title 13 USC, Section 8. The OMB control number for this study is 0607-0725. This valid approval number legally certifies this information collection.

**I have agreed to participate in this Census Bureau questionnaire design study, and I give permission for the tapes to be used for the purposes stated above.**

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Researcher's Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date