

## National Institute on Drug Abuse (NIDA) School Principal Consent Form

I hereby give my consent to the National Institute on Drug Abuse for my teachers and students to participate in a web-based survey during school hours, or as assigned by my teachers. The survey asks for their opinions of the website called NIDA for Teens after they have spent some time reviewing the site and its information. The site, (<http://teens.drugabuse.gov>), is a government resource for students on drug abuse and addiction. The purpose of the survey is to collect information that the National Institute on Drug Abuse can use to evaluate and improve the site for reach and appeal to students.

I understand and agree that the results from the survey will become the property of the National Institute on Drug Abuse and will not be returned. I also understand that my name, my teachers' names, and my students' names, and any other identifying information will not be used in any way, and will not be provided to the National Institute on Drug Abuse.

---

High School Name	City, State
------------------	-------------

---

Principal's Printed Name	Date
--------------------------	------

---

Principal's Signature	Date
-----------------------	------