



CONSENT FORM

The National Crime Victimization Survey: School Crime Supplement

_____ [CHILD'S NAME] has my permission 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 his/her 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 child's 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 allow my child to participate in this Census Bureau questionnaire design study, and I give permission for the tapes to be used for the purposes stated above.

Parent's Signature

Researcher's Signature

Printed Name

Printed Name

Date

Date