



Center for Drug and Health Studies
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UNIVERSITY OF DELAWARE
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Please release the data report from the Delaware School Survey

for _____ (specify name of school or district)

for the year(s) _____

Data are to be released to (please specify name and email address of the person responsible for receiving the data):

_____.

This report may be subject to the Freedom of Information Act (FOIA).

The purpose for this request for data is:

_____ Program Planning

_____ Program Evaluation

_____ Proposal Writing

_____ Other (Please explain: _____)

Signature of School Principal (for school level data): _____

Name of School Principal (please print): _____

Signature of District Superintendent (for district level data): _____

Name of District Superintendent (please print): _____

Date of Request: _____

Please return completed form to: Dr. Rochelle Brittingham
Email: rbrittin@udel.edu
