

## **Youth Risk Behavior Survey Opt Out Form**

I wish to opt my child, \_\_\_\_\_, out of taking the  
(child's name)  
2013 Vermont Youth Risk Behavior Survey.

Signature of Parent or Guardian: \_\_\_\_\_

Please return this form to:

Tim Trevithick  
Champlain Valley Union High School  
369 C.V.U Road  
Hinesburg, Vermont 05461

**Form must be returned by      Monday, February, 27**

