



# REPORTER

Indiana Institute on Disability and Community  
Indiana's University Center for Excellence in Disabilities  
Indiana University  
www.iidc.indiana.edu/irca

By completing this subscription form, you are agreeing to receive the *REPORTER E-Newsletter* from the Indiana Resource Center for Autism and additional information on autism spectrum disorders and other disabilities from the Indiana Institute on Disability and Community at Indiana University, Bloomington. Return the completed form to: Pam Anderson, Indiana Institute on Disability and Community, 1905 North Range Road, Bloomington, IN 47408-9801; fax (812) 855-9630, or email to: pamander@indiana.edu.

### Please Print or Type

Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Role: \_\_\_\_\_ (Agency) \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County (Indiana Residents Only): \_\_\_\_\_

Email: \_\_\_\_\_ 2<sup>nd</sup> Email: \_\_\_\_\_

Daytime Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

### Additional Information for Parents

Are you a parent of a person with an autism spectrum disorder?  Yes  No

If yes:  Son  Daughter

Individual's name: \_\_\_\_\_

Birth date: \_\_\_\_\_

If no:

Are you related to a person on the autism spectrum?

Yes  No

Individuals completing this form may also be invited to participate in various research projects conducted by the IRCA. If you do not want to be contacted regarding research, please check this box