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: ______________________________________ 2nd 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 □