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, 2853 East Tenth Street, Bloomington, IN 47408-2696; fax (812) 855-9630, or email to: pamander@indiana.edu.

Please Print or Type

Date: ________________

Last Name: ________________________________________    First Name: ________________________________________

Title/Discipline: ________________________________________    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 with autism?    □ 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 □