



Louisiana Center Addressing Substance Use  
in Collegiate Communities  
Louisiana Board of Regents  
1201 North 3<sup>rd</sup> Street, Suite 6-200  
Baton Rouge, LA 70802  
phone: 225-342-4253 • fax: 225-342-9318

## FORM I: Permission to Release 2025 Core Survey Data

The Louisiana Department of Health and Hospitals' Office of Behavioral Health (OBH), has agreed to continue financial support for the statewide **Core Alcohol and Drug Survey** for the 2024/2025 academic year. This statewide survey targets two- and four-year institutions of higher education and is designed to assess the nature, scope, and consequences of alcohol and other drug use among Louisiana's undergraduate student population. OBH is providing the opportunity to continue assessing the nature, scope, and consequences of alcohol and other drug use among undergraduate students while providing a complete report of results and datasets for each participating institution. The survey, slated for administration early spring 2025, will be offered at no charge to your institution.

Your **institutional liaison**, designated on the accompanying page, will be responsible administering the survey on your campus, with preparation beginning in early September 2024, managing internal and external communications, obtaining Institutional Review Board approval, supervising the campus survey administration, and receiving the resulting data.

Please be informed that at the conclusion of the survey your institution's data set, results, and associated reports will be provided to your institutional liaison indicated on the accompanying form. For the purpose of collecting and reporting statewide data, also understand that we are required to release your institution's data set and results to the Louisiana Office for Behavioral Health through the contracted statewide survey administrator named below. Be assured that personnel in these offices will not release any part of our institution's data set to another person nor reveal our institution's identity in any subsequent public reports. Furthermore, the survey process will comply with your Institutional Review Board standards.

**To confirm participation, please complete and return the accompanying sheet.**

Sincerely,

*Allison M. Smith*

**Assistant Commissioner for Student Health and Wellness, LaCASU  
Louisiana Board of Regents  
Coordinating Chair, LaHEC**



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Accordingly, as an institutional administrator I hereby give permission for the **Core Alcohol and Drug Survey** to be administered at no cost to a representative sample of undergraduate students at our institution of higher education and designate the party listed as the institutional liaison during Spring Semester/Quarter 2025.

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**Institution of Higher Education/Location**

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**Liaison's Name (Print or Type)**

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**Liaison's Title**

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**Liaison's Phone Number**

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**Liaison's Email Address**

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**Administrator's Name (Print or Type)**

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**Administrator's Title**

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**Administrator's Signature**

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**Date**

**DUE ON OR BEFORE Friday, October 11, 2024**

**Please fax or email this completed and signed form to:**

Dr. Allison Smith, Assistant Commissioner for Student Health and Wellness, LaCASU Office via email at [lacasu@laregents.edu](mailto:lacasu@laregents.edu) or by fax to **225-342-9318**.