

Please complete and submit the following form to cdl-info@psych.ucsb.edu

1. Parent/Guardian name (first and last):

2. 2nd Parent/Guardian name (first and last):

Contact Information – please provide at least one method of contacting you

3. Preferred contact person:

4. Phone number (home):

5. Phone number (other):

6. Mailing address:

7. E-mail address 1:

8. E-mail address 2:

9. Are there any special requests or notes regarding how or when to contact you?

10. Where did you hear about us?

Participant Information

11. In which studies are you interested in participating?

(Please refer to the Research section of our webpage for a list of current studies)

12. Child's name:

- Child's date of birth (mm/dd/yyyy):

- Child's gender:

Male Female

13. 2nd child's name *(if applicable)*:

- 2nd child's date of birth (mm/dd/yyyy):

- 2nd child's gender:

Male Female

If you have any problems submitting the form, give us a call at 805-893-8018 or e-mail us at cdl-info@psych.ucsb.edu. We look forward to hearing from you!