



Timber Ridge School

540.888.3456
877-877-3010
info@trscool.org

AUTHORIZATION FOR THE RELEASE OF CONFIDENTIAL ACADEMIC INFORMATION

This child is referred for admission to **TIMBER RIDGE SCHOOL**, a Residential Treatment Center for youth between the ages of 10 and 18.

I hereby give my permission to _____
Name of School

Address

To release school reports on _____ Birthdate: _____
Student's Name

TO: TIMBER RIDGE SCHOOL
P.O. Box 3160
Winchester, Virginia 22604
FAX: 540-888-4511

Please submit a summary of academic information on this child. It is required that a current IEP be included with the school records for students with special education eligibility. If this child is not a special education student, please specify. A transcript of subjects and grades, and any academic testing results, including Standards of Learning, Woodcock-Johnson R, etc. are desired. Teacher observations regarding academic potential and social adjustment are especially helpful also. Any other information that you believe would help in the planning and development of the child's educational program would be appreciated.

As only those applicants supported by complete evaluations can be considered, a comprehensive report is required.

- | | |
|--|--|
| <input type="checkbox"/> Tri-annual Evaluation | <input type="checkbox"/> Most recent Report Card |
| <input type="checkbox"/> Cumulative Records | <input type="checkbox"/> Current I.E.P. |
| <input type="checkbox"/> Most recent Official Transcript | <input type="checkbox"/> Current Assessments |

Please return a copy of this release with your report.

I understand that no limitations are placed on dates, history of illness, or diagnostic and therapeutic information, including any treatment for alcohol and drug abuse. I understand what information has been requested and have been explained the benefits/disadvantages of releasing this information. I further understand that the provision of services is not contingent on the release of this information and I voluntarily consent to the release of this information.

This authorization will expire in two years on _____
Date

Signature of Parent or Legal Guardian _____ Date _____

***Any redisclosure of confidential information by the recipient(s) is prohibited
except when implicit in the purposes of this disclosure.***

Date of Last Revision: 10/6/2010

Mailing address:
Timber Ridge School
P.O. Box 3160
Winchester, VA 22604

www.TimberRidgeSchool.org

Physical address:
Timber Ridge School
1463 New Hope Road
Cross Junction, VA 22625