



# Timber Ridge School

540.888.3456  
877-877-3010  
info@trscool.org

## CONFIDENTIAL PSYCHOLOGICAL 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 Psychologist

\_\_\_\_\_  
Address

Phone Number: \_\_\_\_\_ FAX Number: \_\_\_\_\_

To release Psychological reports on \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Student's Name

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

Please submit the protocol, interpretation and results of intelligence, personality, aptitude, interests, and achievement tests of your choice. We are particularly interested in information offering behavior descriptions and dynamics, intellectual assets and deficits, presence and extent of organic manifestations, and general course to date in any of these areas where such information is available, along with respective prognosis. Your impressions of treatment needs, ability to benefit from a group living experience, and your diagnostic observations would be helpful.

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

***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 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](http://www.TimberRidgeSchool.org)

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