



**Toronto Psychological Services
& Research Centre**

AUTHORIZATION FOR EXCHANGE OF INFORMATION

Client's Identifying Information

Client's Full Name: _____

Date of Birth *Month dd yyyy*: _____

School Personnel

- TPSRC will send Standardized Questionnaires to school personnel, via email.
- TPSRC may also conduct a telephone interview with school personnel.
- TPSRC does not provide any information about the assessment or the assessment results, except when the Client request that TPS consults with school personnel upon completing the assessment. TPS charges separately for all Consultations.

School Name: _____

Full Legal Name of Person Who Will Complete Forms: _____

Honorific Title: ☐ Dr. ☐ Mr. ☐ Mrs. ☐ Ms. ☐ None ☐ Other *Specify* _____

Preferred Pronouns: ☐ She/Her ☐ He/Him. ☐ They/Them ☐ Other *Specify* _____

Relationship to Client: ☐ Teacher ☐ SERT ☐ Teacher ☐ Other *Specify* _____

Telephone Number and Ext.: _____

Email Address: _____

Authorized Signatories

I, the undersigned client (or legal guardian if client is younger than 18 years), authorize Toronto Psychological Services & Research Centre to communicate with the named Informant to facilitate the current Psychological Assessment Process.

Signee's Information:

Full Name: _____

Client (18+) / Parent or Legal Guardian Signature _____

TPSRC Representative:

Dr. Ghia Townsend, Psy.D., C. Psych.

Member of the College of Psychologists and Behaviour Analysts of Ontario

Registration #6361
