



The SALLY BORDEN PROGRAM at Friends Academy

Transcript Release Form

To: (Present School) _____

RE: (Student's Name) _____

(Current Grade) _____

I give permission for the records of my child to be released to
The Sally Borden Program at Friends Academy.

Signed: _____
(Parent or Guardian)

Date: _____

To Principal or Guidance Counselor:

Please send the following information:

- Current psychoeducational evaluation including Wechsler Intelligence Scale: WISC IV scores and subscores
- School reports (to include last 3 years of grades, if applicable)
- Specialists' reports (i.e. speech and language specialists, academic tutor etc.)
- Completed Teacher Evaluation for Applicant form

PLEASE ADDRESS MATERIALS TO:

**Katherine Gaudet, Director
Sally Borden Program
1088 Tucker Road
North Dartmouth, MA 02747-3122**