ADLAI E. STEVENSON HIGH SCHOOL

Diploma Request Form

Date of Request ____ /____ /_____ (MM DD YYYY) Birth Date ____ /____ /_____ (MM DD YYYY)

Full Name _____
Last *First* *Middle*

Name at the time of graduation _____

Phone Number (_____) _____ Alt. Phone Number (_____) _____

Street Address _____

City _____ State _____ Zip Code _____

Last Year Attended _____ E-Mail Address _____

$30.00 for a new diploma to be ordered
Additional $10.00 if you need the blue cover

Please make all checks payable to **Stevenson High School**, and send all payments to ***Stevenson High School***, ***Guidance Office--Attn: Diploma Requests, 33500 W. Six Mile Road, Livonia, MI 48152***

Graduate's Signature _____

Please note that diplomas are **not** mailed. You will receive notification that the diploma has arrived at Stevenson High School and you will need to make arrangements to pick it up. Proper ID will be required for pick up.

Office Use Only: **Request & Payment Received**_____

Payment: Cash/Check #_____ Amount_____

Date diploma was ordered (via e-mail) _____

Form Revised January 2012