

## Adlai E. Stevenson High School

33500 Six Mile Road Livonia, Michigan 48152 734-744-2660



## **Diploma Request Form**

Date:		Graduation Year:		
Full Name:				
Last			First	Middle
Legal Name at time of Graduat	tion:			
	Lá	ast	First	Middle
Name to Appear on Diploma:				
	First		Middle Name or Initial	Last
Birthdate:				
Current Address:				
			Street Address	
City		State		Zip
City		State		Ζίμ
Phone Number:				
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Cmail Address				
Email Address:				
0. (				
Signature:				

Please note ~ Your Graduation will be confirmed by Stevenson High School. Once confirmed, the information provided on this request will be sent to our diploma provider. Our provider will process your request, and they will contact you for payment. Payment will be made directly to them.

If you have any questions, please contact the Stevenson High School Counseling Department at 734-744-2660 extension 48950.