



Adlai E. Stevenson High School

Transcript/Immunization/Records Request Form



Date of Request _____

Birth Date _____

Requesting: Transcript Immunizations Other

Full Name _____

Maiden Name _____ Last First Middle
 Other Name Ever Used _____

Phone Number _____ E-Mail Address _____

Street Address _____

City _____ State _____ Zip Code _____

Last Year Attended (Grad Yr) _____ Last Grade Completed (Non-grad) _____

It is very important to indicate if you were involved in any special programs such as Special Education, or Summer School to complete missed credits, and if you graduated early. Please disclose any information that you think might help in obtaining these educational records. Thank You!

Please indicate to whom the records will be released: **SELF** **COLLEGE** **OTHER**
Only an unofficial copy will be mailed to you; officials are mailed directly to the college, business.
**ACT/SAT scores will be included with a transcript request.*

Please indicate the address where you would like your records sent (attach if necessary):

College/Business/Self _____

Address _____ City _____ State _____ Zip _____

If you need more space, please use the back of this form

\$5.00 (Per Copy Fee) one or more semesters after graduation/attendance
\$5.00 Fee for copies of Immunization records

Check, money order, or cash are accepted.
 Checks payable to: **Stevenson High School**

Remit to: ***Stevenson High School, Guidance Office,
 Transcript Request
 33500 W. Six Mile Rd. Livonia, MI 48152***

Student Signature (parent or guardian if under 18) _____

In compliance with the "Family Education Rights and Privacy Act of 1974", I hereby grant permission for Livonia Public Schools to release a copy of my educational records to the person or institution listed above.

Office Use Only:	Request & Payment Received _____
Payment: Cash/Check/MO # _____	Amount _____ Mailed _____
<small>Revised January 2012</small>	