



Stephenson Area Public Schools

W526 Division Street – P.O. Box 509
Stephenson, Michigan 49887
Phone 906-753-2221 Fax 906-753-2326

Transcript/ACT Score Request Form

Date of Request _____

Your name: Last (PRINT) _____ First _____ MI _____

Please indicate below if you used a different name when you attended SHS
i.e. maiden or your step-parent's last name _____

Year of birth (month, day and year) _____

If graduated what year: _____ or the year you attended SHS _____

Please choose one:

I need OFFICIAL (signed & sealed) copy _____

UNOFFICIAL (not signed) copy _____

I need my ACT scores _____

Please choose one:

Pick up: _____

Send my transcript to: _____

*****Transcript will be mailed or available to you in 1-2 business days**

Signature: _____

Contact phone number () _____