



**Return to:**  
 Office of the Registrar  
 Oregon State University, B102 Kerr Administration Building, Corvallis, OR 97331-2130  
 T 541-737-9054 | 541-737-2074 | F 541-737-8123 | graduation@oregonstate.edu | http://registrar.oregonstate.edu

## Diploma Release Request

Name: \_\_\_\_\_ OSU ID #: \_\_\_\_\_  
*Last* *First* *Middle*

Contact Phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Name on Diploma if Different: \_\_\_\_\_

Graduation Year: \_\_\_\_\_ Check Term: Fall \_\_\_\_\_ Winter \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_

Check Degree Type: Bachelor's \_\_\_\_\_ Master's \_\_\_\_\_ PhD \_\_\_\_\_ PharmD \_\_\_\_\_ DVM \_\_\_\_\_ Other \_\_\_\_\_  
*Specify*

List major(s): \_\_\_\_\_

Check College:

Agricultural Sciences	Graduate School
Business	Liberal Arts
Earth, Ocean, and Atmospheric Sciences	Pharmacy
Education	Public Health and Human Sciences
Engineering	Science
Forestry	Veterinary Medicine

I hereby authorize \_\_\_\_\_ to pick up my diploma.  
*Name of person picking up diploma.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Please Note: All persons picking up diplomas must bring photo ID.***

Office Use Only:

Grad Term/Award Status: \_\_\_\_\_ Initial: \_\_\_\_\_ Date: \_\_\_\_\_

Authentication:    Student dropped off in person    Received via ONID    ID verified by OtR