



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:

<input type="checkbox"/>	Agricultural Sciences	<input type="checkbox"/>	Graduate School
<input type="checkbox"/>	Business	<input type="checkbox"/>	Liberal Arts
<input type="checkbox"/>	Earth, Ocean, and Atmospheric Sciences	<input type="checkbox"/>	Pharmacy
<input type="checkbox"/>	Education	<input type="checkbox"/>	Public Health and Human Sciences
<input type="checkbox"/>	Engineering	<input type="checkbox"/>	Science
<input type="checkbox"/>	Forestry	<input type="checkbox"/>	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