

Return to:
Office of the Registrar
Oregon State University, B102 Kerr Admin. Bldg., Corvallis, Oregon 97331
P 541-737-9054 | F 541-737-8123 | graduation@oregonstate.edu | oregonstate.edu

Diploma Release Request

Name:				OSU ID #:			
Last	First	Middle					
Contact Phone:	(Contact Ema	il:				
Name on Diploma if Diffe	erent:						
Graduation Year:	Check Term:	Fall	_Winter	Spring	_ Summer		
Check Degree Type: Back	helor'sMaster's	PhD _	PharmD	DVM_	Other	Specify	
List major(s):							
Check College: ✓							
Agricultural Science	Agricultural Sciences			Graduate School			
Business			Liberal A	Liberal Arts			
Earth, Ocean, and Atmospheric Sciences			Pharmacy	Pharmacy			
Education				Public Health and Human Sciences			
Engineering			Science	Science			
Forestry	Forestry			Veterinary Medicine			
I hereby authorize	Name of person pickin	eg up diploma.		t	o pick up my d	iploma.	
Signature:			Date:				
Plea	se Note: All persons p	oickina un d	inlomas must	hring photo l	(I)		
1 teu	se Noie. Au persons p	искинд ир и	piomus musi	oring photo I	D.		
Grad Term/Award Status:	Initia	Office Use Or		te:			
Authentication: □Student dro	onned off in person \square R	eceived via Ol	NID □ ID vei	rified by OtR			