



Document Release Request

Please check one: ✓

I want to release my transcript to another person.

I want to release my notarized document to another person.

Name: _____ OSU ID #: _____
Last First Middle

Contact Phone: _____ Contact email: _____

I hereby authorize _____ to pick up my document from the Office of the Registrar.
Name of person picking up document

Signature: _____ Date: _____
Electronic signatures will not be accepted.

- **Current Students:** Please submit this form in person, or scan and email it from your OSU email account.
- **Former Students:** Please mail, or scan and email, this form along with a copy of your government-issued photo I.D.

All persons picking up documents must bring photo ID.