



OSU—Cascades Campus
Cascades Hall, 2600 NW College Way, Bend, Oregon 97701-5998
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Diploma Release Request

OSU ID #: _____ Last Name: _____

First Name: _____ Middle Name: _____

Phone: _____ Email: _____

Name on Diploma if different: _____

Graduation Year: _____ Term: Fall Winter Spring Summer

Bachelor's Degree – *Major field of study:* _____

Master's

PhD

Pharm D

I hereby authorize _____ OSU Cascades staff _____ to pick up my diploma.

Signature _____ Date: _____

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