



Oregon State University  
Cascades

**Mail this form to:**  
OSU-Cascades  
Office of Enrollment Services  
1500 SW Chandler Ave  
Bend, OR 97702  
**Fax:** 541-706-2000  
**Email:** admit@osucascades.edu  
**Phone:** 541-322-3100

## 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.***