



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.