Diploma Release Request

Name: _____OSU ID #:_____
          Last   *First*   *Middle*

Name on Diploma if Different: _____

Graduation Year:_____Check Term: Fall_____ Winter_____ Spring _____ Summer_____

Check Degree Type: Bachelor's ____Master's ____ PhD ____ PharmD _____DVM_____

Check College: ✔

	Agricultural Sciences		Graduate School
	Business		Liberal Arts
	Earth, Ocean, and Atmospheric Sciences		Pharmacy
	Education		Public Health and Human Sciences
	Engineering		Science
	Forestry		Veterinary Medicine

I hereby authorize _____ to pick up my diploma.
                              Name of person picking up diploma.

Signature: _____ Date:_____

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