

Diploma Mailing Request, OSU Ag Program at EOU:

Oregon State University
Office of the Registrar
102 Kerr Administration Bldg
Corvallis, OR 97331

Last Name _____ First Name _____ Middle Name _____

Name of Diploma (if different): _____

OSU ID #: _____ Contact Phone: _____

Contact Email: _____

Address: _____

Year and Term of completion: _____

College: College of Agricultural Sciences
Degree: Bachelor of Science

I hereby authorize the Oregon State University Registrar's Office to mail my diploma to me at the above address.

Student Signature Date: _____