



Office of Degree Requirements
Admissions, Registration, and Records
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Diploma Mail Authorization

Please print clearly

_____	_____	_____	_____
Last Name	First Name	MI	Previous Name(s)
_____	_____	_____	_____
Phone Number	Email	Last 4 SSN	PSU ID

Year of Graduation: _____ **Term:** Spring
 Summer
 Fall
 Winter

Degree Earned: Bachelor Master's Doctoral Certificate

I authorize PSU to mail my diploma to:

Name

Address

City, State, Zip

Student Signature **Date**

**Please note that diplomas cannot be released
when there is a Financial Hold on the student's account.**