

Letter of Authorization

Date _____

Office of the Registrar

Dear Sir :

I, the undersigned, hereby authorize the release of my academic records and other related information to the RAJAMANGALA UNIVERSITY OF TECHNOLOGY KRUNGTHEP upon request.

The following data is provided as a reference for your office.

Name : _____

Matriculation or Student ID Number : _____

Degree (s) or Certificate (s) or Diploma (s) _____

Field of Study _____

Date of Admission : _____

Date of Graduation : _____

Thank you very much for your kind cooperation.

Sincerely,

(_____)