



AUTHORIZATION FORM

ADMISSIONS AND RECORDS OFFICE, RAMKHAMHAENG UNIVERSITY

Date

STUDENT INFORMATION

First name

Middle name

Last name

Date of birth (DD / MM / YYYY)

☐

Male

☐

Female

Gender

Thai ID card or Passport number

Name of school

Date of graduation (DD / MM / YYYY)

Email

Phone number

RU student ID

AUTHORIZATION

I hereby authorize Ramkhamhaeng University to request

(name of school)

release my complete academic transcript or confirm certificate to Ramkhamhaeng University.

I certify under penalty of law that I am the individual identified in this transcript request authorized to make this request (sign below)



Student's signature

E-MAIL : aob3_cert04@hotmail.com

ADDRESS: ADMISSIONS AND RECORDS OFFICE (AOB 3rd Fl.)

RAMKHAMHAENG UNIVERSITY

HUAMAK, BANGKOK 10240 THAILAND

FAX: 0 2310 8628

TEL: 0 2310 8000 (ext.) 4835