



## AUTHORIZATION FORM

### ADMISSIONS AND RECORDS OFFICE, RAMKHAMHAENG UNIVERSITY

Date

#### STUDENT INFORMATION

<input type="text"/> First name	<input type="text"/> Middle name (if any)	<input type="text"/> Last name
<input type="text"/> Date of birth (DD / MM / YYYY)	<input type="checkbox"/> Male <input type="checkbox"/> Female Gender	<input type="text"/> Thai ID card or Passport number
<input type="text"/> Name of school		<input type="text"/> Date of graduation (DD / MM / YYYY)
<input type="text"/> Email	<input type="text"/> Phone number	<input type="text"/> RU student ID

#### AUTHORIZATION

I hereby authorize Ramkhamhaeng University to request (fill your 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 your name below)



**Student's signature**

or Send Document to :

E-MAIL : [inspect\\_transcript@rumail.ru.ac.th](mailto:inspect_transcript@rumail.ru.ac.th)

ADDRESS: ADMISSIONS AND RECORDS OFFICE (AOB 3<sup>rd</sup> Fl.)

RAMKHAMHAENG UNIVERSITY

HUAMARK, BANGKOK 10240 THAILAND

FAX: 0 2310 8628

TEL: 0 2310 8000 (ext.) 4835