



## AUTHORIZATION FORM

### ADMISSIONS AND RECORDS OFFICE, RAMKHAMHAENG UNIVERSITY

Date

#### STUDENT INFORMATION

First name

Middle name (if any)

Last name

Date of birth (DD / MM / YYYY)

Male  Female  
Gender

Thai ID card or Passport number

Name of school / university / college

Date of graduation (DD / MM / YYYY)

Email

Phone number

Ramkhamhaeng University student ID

#### AUTHORIZATION

I hereby authorize Ramkhamhaeng University to request your school / university / college / office 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.)

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