

Release of Academic Records and Student's Account Request

To Whom It May Concerns:

I,

First Name

Surname

Student ID

.....

Program of Study

University

hereby request the release of my academic records and/or detailed transactions of my student account to the Office of Educational Affairs, Royal Thai Embassy or to any institutions or organizations which they may be specified. This authorization also includes the release of transcripts, medical records, and standardized test scores.

It is also my intention that the College and University Honors the certified sealed copy of this authorization to the Office of Educational Affairs, Royal Thai Embassy which they may be used to obtain the needed information at any time.

As a student under the supervision of the Office of Educational Affairs, Royal Thai Embassy, I acknowledge that it is my responsibility to send the Office of Educational Affairs my academic report and/or detailed transactions of my student account at the end of each session/semester or to make an arrangement with the Registrar or Bursar office or Student Account Office to do so. Should I fail to do this, the Office of Educational Affairs, Royal Thai Embassy is hereby authorized to obtain any necessary information.

Thank you.

Sincerely,

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Student's Signature

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Student's Print Name in English

