Letter of Authorization

March 4, 2021

Office of Register

………………..……. University
Address……………………………….

Dear Sir:

I, the undersigned, hereby authorize the release of my academic records and other related

Information to the Chiang Mai University upon request. The following data is provided as
a reference for your office.

Name: ……………………………………………………..

Matriculation or Student ID Number: ……………………………………………………..

Degree(s) of Certificate(s) or Diploma(s): ……………………………………………………..

Field of Study: ……………………………………………………..

Date of Admission: …………………………………………….…

Date of Graduation: ……………………………………………..

Thank you very much for your kind cooperation.

Sincerely,

 SIgnature

(Dr………………………………………...)

Confirmation of Academic Credentials

Student’s Name: Dr…………………………

Degree: Doctor of …………………

Major: ………………………………………………

Date Degree Conferred: ………………………………………………

(If degree has not been conferred)

 Date all requirements were completed: …………………………………

 Date Degree will be conferred: …………………………………………..

 Signature of institutional official……………………………………

 Name (printed) …………………………Position…………………..

 Name and seal of institution…………………………………………

Please return this form to the address specified below:

Human Resource Management Division

Office of University

Chiang Mai University

Mueang District

Chiang Mai, Thailand 50200

Fax 66-053-941112