



## THAKSIN UNIVERSITY

### Letter of Consent for Disclosure of Educational Information to a Third Party

To Whom It May Concern,

I, (Please specify student's full name) \_\_\_\_\_,  
hereby grant consent and authorize (Please specify the name and address of the educational  
institution from which the qualification was obtained for admission to Thaksin University)

(1) Name of Educational Institution \_\_\_\_\_

(2) Address of Educational Institution \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

to release and disclose my academic records to Thaksin University for the  
purpose of verifying my academic background and/or educational credentials, pursuant to the  
Personal Data Protection Act, B.E. 2562 (2019) I acknowledge that the personal data to be  
disclosed by the educational institution specified in item (1) shall include: full name during  
the enrollment period, academic program, period of attendance, qualification/degree  
conferred, date of admission, date of graduation, and academic performance.

Signature of Data Subject \_\_\_\_\_ Date \_\_\_\_\_