

## **Letter of Authorization**

Office of the Registrar
Dear Sir/Madam,
I, the undersigned, hereby authorize the release of my academic records and other related information to the University of Phayao upon request. The following data is provided as a reference for your office.
Name:
Name of the University:
Address of the University:
Matriculation or Student ID Number:
Degree (s) or Certificate (s) or Diploma (s):
Field of Study:
Date of Attendance:
Date of Graduation:
Thank you very much for your kind cooperation.
Sincerely yours,