

Education Documents Receiving Registration Office, Prince of Songkla University, Pattani Campus

	Written at
	DateYear
Subject: Authorization to receive education d	ocuments
To: Registrar, PSU Pattani	
L NAr /NAc /NArc	student ID, studied
	egree Ph.D. at the Faculty/College of
	minor field of (if available)
I graduated in thesemester ofs	academic year. I, myself, am not able to receive
the education documents.	
I hereby authorize Mr./Ms./Mrs	
☐ PSU student, student ID	, Faculty/College of
Major field of	minor field of (if available)
☐ The person, address	,
relationship	Tel. no
to receive education documents as the following	ngs on my behalf.
OTranscript	
ODegree Certificate	
O Qualification Certificate	
Please kindly approve.	
Sincerely yours,	
Signature	Signature
()	()
Authorizer	Authorized Person

Please enclose:

- 1. a copy of authorizer ID card, Student ID card, or passport
- 2. a copy of authorized person ID card, Student ID card, orpassport