

CONSENT TO RELEASE STUDENT INFORMATION

As a Thai Scholarship Recipient under supervision of the Office of Educational Affairs, Royal Thai Embassy, I, _____, (please check ✓ below choice)

- () authorize (please select type of records and information below)
- () do not authorize

the Office of Educational Affairs, Royal Thai Embassy, its officers, and employees, to disclose my name and student records and information for the purposes of Thai scholar group communications, or other related activities.

The type of records and information that is to be released under this consent are: (please check ✓ all that apply)

- _____ Type of Scholarship / Sponsor Name _____ Email Address
- _____ Institution / University Name _____ Telephone Number
- _____ State / Province
- _____ Level of Study / Degree
- _____ Study Major and Minor / Emphasis

I understand that:

- (1) I have the right not to consent the release of my student records and information,
- (2) The information may be released in any form of media, and
- (3) I may revoke this consent at any time by emailing a new consent to the Office of Educational Affairs, Royal Thai Embassy.

Name (print) _____

Signature _____

Date _____