



DIVISION OF REGISTRAR, MAE FAH LUANG UNIVERSITY

Power of Attorney

Student ID

I, (Mr/ Miss/ Mrs).....

hereby authorize and appoint (Mr/Miss/Mrs).....

to collect for the following document(s)

- | | | |
|--------------------------|---------------------------------|--------------------|
| <input type="checkbox"/> | Transcript of Records | No. of copies..... |
| <input type="checkbox"/> | Degree Certification | No. of copies..... |
| <input type="checkbox"/> | Certification of Student Status | No. of copies..... |
| <input type="checkbox"/> | Letter of Graduate Confirmation | No. of copies..... |
| <input type="checkbox"/> | Other..... | No. of copies..... |

I accept full responsibility for authorizing the above limited. In case of dispute, the university accept no liability.

Signature
(.....)
The authorizer
...../...../.....

Signature
(.....)
The proxy
...../...../.....

- Remark**
1. The authorizer must attach a signed copy of either student I.D. card , I.D. card or Official I.D. card , to show to the registrar upon the retrieval of the document above.
 2. The proxy must attach a signed copy of either student I.D. card , I.D. card or Official I.D. card , to show to the registrar upon the retrieval of the document above.