

Letter of consent to the disclosure of personal information on the website of the Faculty of Liberal Arts, Mahidol University

I hereby consent to disclose the following personal information to be publicized on the website of the Faculty of Liberal Arts, Mahidol University, for the benefit of academic purposes and cooperation between various departments as detailed below.

1. Name/ Surname Consent Not Consent
If consented, please state your full name here.....
2. Photograph (wearing blazer with Mahidol emblem) Consent Not Consent
3. Academic title Consent Not Consent
If consented, please provide your academic position.....
4. Expertise Consent Not Consent
If consented, please state your expertise.....
5. Position Consent Not Consent
If consented, please state your position.....
6. Affiliated Department (Program) Consent Not Consent
If consented, please state your program.....
7. Email Account Consent Not Consent
If consented, please provide convenient E-mail address.....
8. Your office extension number Consent Not Consent
If consented, please put your extension number.....

Signature.....

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Date/...../.....

Consent/Non-consent Person