

Receipt #

Amount.....baht

General Request Form

National Institute of Development Administration

To Educational Service Director

Title	First Name	Middle Name	Last Name
.....			

Name of School: Regular Special

Student ID: [] [] [] [] [] [] [] [] [] [] [] []

Contact address:

..... Phone:

Indicate the nature of your request in the box below:

Check () where appropriate:

[] pick up in person [] mail (self-addressed envelope needed)

Signature:..... Date:

Do not write below this line

Officer's comment	Director's comment	Approved by

For the student: Requested document (s) received

Signature:..... Date:.....

Remarks:

- 1.Please produce the receipt when picking up the document (s).
- 2.When document pick-up cannot be personally made, authorization form of substitute and copy of national ID card of both parties must be produced.