



Security Deposit Refund Request Form
GRADUATE SCHOOL Phranakhon Si Ayutthaya Rajabhat University

Subject Request for approval to refund security deposit
To President of Phranakhon Si Ayutthaya Rajabhat University

I am (Mr./Mrs./Miss)..... Student ID. No.....
Degree: [] Graduate Diploma [] Master's Degree [] Doctoral Degree
[] Teaching Profession [] Education Administration [] Curriculum and Instruction
[] Public Administration [] Business Administration [] Community and Social Development
[] Criminology, Justice Administration and Society

Reason for quitting the university..... Graduation..... which University Council
had approved on date..... Month..... Year

I would like to refund the security deposit in the amount of.....1,000.....baht. (One thousand baht only).
Should I fail to collect the money within 6 months after my student status has ended, I hereby give permission for
the money to be allocated to the University's educational support.

Please be informed accordingly.

Yours Sincerely

Signature..... Withdrawer
(.....)

Staff The order
Security deposit payment Receipt no.....
Date..... Month..... Year
Signature..... Cashier President

The receipt of Security Deposit
Phranakhon Si Ayutthaya Rajabhat University

Date..... Month..... Year.....

I am (Mr./Mrs./Miss)..... Student ID. no.....
Degree [] Graduate Diploma [] Master's Degree [] Doctoral Degree
[] Teaching Profession [] Education Administration [] Curriculum and Instruction
[] Public Administration [] Business Administration [] Community and Social Development
[] Criminology, Justice Administration and Society

I had received the refund of security deposit in the amount of ...1,000... baht (one thousand baht only)

Signature..... Cashier Signature..... Payee
(.....) (.....)

PROXY

Date.....Month.....Year

To President of Phranakhon Si Ayutthaya Rajabhat University

I am (Mr./Mrs./Miss).....Student ID. no.....
Program.....
Address.....
.....

I hereby authorizedas my representative to collect the security deposit refund on my behalf.

Signature..... Grantor
(.....)

(Note: Attached copy of representative's ID card with verified signature)
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Permission for payment

Allow to pay the refund as per Proxy

Signature..... Authorizer
(.....)
Position.....
Date.....Month.....Year

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