กรมสนับสนุนบริการสุขภาพ
DEPARTMENT OF HEALTH SERVICE SUPPORT

Consent Form for Disclosure of Personal Data to the Third Party

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To...

I, (1)... hereby give my consent to (2).. or any authorized personnel of (3)... to disclose my educational information to the Department of Health Service Support with the objectives to verify specific qualifications for the position. This consent is granted to support processes including competitive examinations, recruitment, appointment to government positions, salary adjustments based on qualifications, transfers, reassignment, promotion to higher positions, and data addition in the electronic civil servant database. This disclosure shall be in compliance with the Personal Data Protection Act B.E. 2562 (2019) of the Kingdom of Thailand. I acknowledge that the information held by an educational institution which may be disclosed includes full name, period of study, academic program, duration of the program, degree obtained, graduation date, and academic record.

Signed...
(..)
Date..
(Day / Month / Year of Document submission)

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The Department of Health Service Support shall collect, use, or disclose personal data only for the objectives and in accordance with the details that have been duly informed to the personal data subject.

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Note : (1) Specify full name (first name and last name)

(2) Specify name of the educational institution from which the qualification was obtained

(3) Specify the same educational institution as mentioned in (2)