



**Letter of consent for the use and disclosure of personal information
for educational and agency public relations purposes**

Thailand's Personal Data Protection Act 2019 aims to protect against harassment and safeguard the right to privacy of personal information. This act has established certain principles regarding the collection, use, and disclosure of personal data. In order to comply with these principles, your consent must be obtained, and the purpose of collecting personal data must be clearly communicated to you, the data subject. This consent can be provided in writing or electronically. With this letter, the division of academic services, Faculty of Medicine, Chiang Mai University, would like to request your consent for the collection of personal data for CMU-IMC 2025.

I (name) _____

1. I agree disagree to provide the division of academic services, Faculty of Medicine, Chiang Mai University, consent to collect all, or part of photos, videos, and other information for educational or agency public relations purposes in any form and through any channel.
2. I agree disagree to provide the division of academic services, Faculty of Medicine, Chiang Mai University, with the authority to disclose and disseminate all or part of my photos, videos, and other information, either directly or indirectly, for educational or agency public relations purposes in any form and through any channel.

In the case that the division of academic services, Faculty of Medicine, Chiang Mai University, seeks to disclose my personal information to individuals who are not personnel of the division of academic services, Faculty of Medicine, Chiang Mai University, for educational purposes or for the use of public information that is non-commercial and does not cause harm to anyone. The division of academic services, Faculty of Medicine, Chiang Mai University, will send a letter requesting my consent.



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3. I may withdraw all or part of my consent granted in this letter by notifying the division of academic services, Faculty of Medicine, Chiang Mai University, in writing. The division of academic services, Faculty of Medicine, Chiang Mai University, reserves the right to request an explanation for the withdrawal of consent.

My revocation of consent does not retroactively invalidate any actions taken by the division of academic services, Faculty of Medicine, Chiang Mai University. In the event that the revocation of consent affects any of my rights or obligations, I accept the resulting consequences.

Signature _____

(_____)

Date ____ / ____ / ____

For minors

As the lawful father/mother/guardian of Master/Mr./Miss _____, I hereby give my consent for my child to provide their consent for the use and disclosure of information to the division of academic services, Faculty of Medicine, Chiang Mai University. Any actions taken by my child in accordance with this letter of consent shall be legally valid in all respects.

Signature _____

(_____)

Date ____ / ____ / ____