**Release of Information Form (Graduate School of International Studies)**

\*\* Please fill the form in English.

By signing this form, I consent, in accordance with the Personal Information Protection Act and related rules and regulations, to the provision of my personal information by the Graduate School of International Studies at Korea University to third parties to the extent shown in the entirety of the table below for the purpose of administering the admissions process and verifying application details. I understand that by so agreeing, I also consent to the academic background verification agency replying to the Graduate School of International Studies.

Mandatory personal information provided to third parties ( I agree □ I do not agree □ )

|  |  |  |  |
| --- | --- | --- | --- |
| **Recipient of Personal Information** | **Purpose of Provision** | **Personal Information Provided** | **Retention Period** |
| University, graduate school and other educational institutions that the applicant graduated from and agencies related to the applicant’s certifications and qualifications, which were included in the application | Verification of application form content and information related to the applicant’s certifications and qualifications | Information included on the application form (name, date of birth, academic background, e-mail address, phone number, etc.) | From receipt of the application form to the conclusion of the admissions process |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1. Applicant Information (지원자 인적사항)** | | | | | | | | | | | | | | |
| Family Name(성) | | | Given name(이름) in English | | | | | | | | | | 漢字姓名(Chinese & Japanese Only) | |
|  | | |  | | | | | | | | | |  | |
| Applicant Number(수험번호) **:** | | | | | | Date of Birth(생년월일) | | | | | Student ID number(학번) **For office use only** | | | |
|  | | | | | | (mm)월/ (dd)일/ (year)년 | | | | |  | | | |
| **2. Education Record Request (학력사항)** | | | | | | | | | | | | | | |
| 학교명  Name of Institution Graduated | | | |  | | | 학위종류  Name of Degree | | | Bachelor □ Master □  Other □ \_\_\_\_\_\_\_\_\_\_ | | | | |
| 학교주소  Address of Institution Graduated  우편번호 Zip-code | | | |  | | | | | | | | | | |
| 이수학과 및 전공  Department and Major | | | |  | | | | | | | | | | |
| 졸업(예정)일자  (Expected) Date of Graduation | | | | 년(Year) 월(MM) 일(DD) | | | | | | | | | | |
| 재학기간  Period of Attendance | From To | | | | | | | | 총 등록학기 수  Number of Registered Semesters | | | | |  |
| 홈페이지 주소  Website of Institution Graduated | |  | | | | | | | | | | | | |
| **3. Institution Information to Request Release of Academic Records(Institute You Graduated)**  **If you complete your degree program in Korea, please skip this institution information.**  **학력조회 의뢰용 해외 전적대학 정보**  **국내대학 졸업자의 경우 해당 항목을 기재할 필요없음 (1. 지원자 인적사항과 2. 학력사항만 작성)** | | | | | | | | | | | | | | |
| 전적대학 학력조회 담당부서  Name of Office in Charge You Graduated | | | | |  | | | | | | | | | |
| 전적대학 학력조회 담당자 성명  Name of Staff in Charge You Graduated | | | | |  | | | | | | | | | |
| 담당자 연락처  Phone No. of Staff in Charge | | | | |  | | | 담당부서 팩스번호  Fax No. of office | | | |  | | |
| 담당자 E-mail  E-mail of Staff(or office) in Charge | | | | |  | | | | | | | | | |

The information you provide will be kept in strict confidence and will be used only for the purpose of degree(enrollment) verification. Thank you for your assistance.

20 년 월 일

(Year / MM / DD)

지원자: (확인)

Applicant Signature

Graduate School of International Studies Form (Revised on March.. 2017)