[FORM A]

Release of Information Form

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 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.

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 | | | | | |  | |
| Applicant Number(수험번호) : **To be filled by office** | | | | | Date of Birth(생년월일) | | | | | Student ID number(학번): **To be filled by office** | | |
| **2. Education Record Request (학력사항)** | | | | | | | | | | | | |
| Name of Institution Graduated | | |  | | | Name of Degree | | | Bachelor ■ Master □ Other □ | | | |
| Address of Institution Graduated  Zip-code | | |  | | | | | | | | | |
| Department and Major | | |  | | | | | | | | | |
| Date of (Expected) Graduation | | | (Year) (MM) (DD) | | | | | | | | | |
| Period of Attendance | From ~ To | | | | | | Number of Registered Semesters | | | | |  |
| 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** | | | | | | | | | | | | |
| Name of Office in Charge You Graduated | | | |  | | | | | | | | |
| Name of Staff in Charge You Graduated | | | |  | | | | | | | | |
| Phone No. of Staff in Charge | | | |  | | | | Fax No. of office | | |  | |
| 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.

2024년 월 일

(Year/MM/DD)

Applicant’ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Signature)