

Release of Information Form(학력조회확인서)

※ Please fill out this form in English.

SECTION 1 Applicant Information			
Passport Name	_____		
	<i>Surname</i>	<i>Given Name</i>	<i>Middle Name</i>
漢子姓名 (Chinese & Japanese Only)		Desired Department	
		Desired Major	
SECTION 2 Academic Information			
학교명 Name of Institution Graduated		학위종류 Type of Degree	
학교주소 Address of Institution Graduated			
이수학과 Department		전공 Major	
졸업(예정)일자 Date of (Expected) Graduation	(Month / Day / Year)		
재학기간 Period of Attendance	From	to	총 등록학기 수 Number of Registered Semesters
홈페이지 주소 Website of Institution Graduated			
SECTION 3 Institution Information to Request for the Release of Academic Information			
전적대학 학력조회 담당부서 Department to request for Release of Academic Information			
전적대학 학력조회 담당자 성명 Name of the person in charge for Release of Academic Information			
담당자 연락처/팩스번호 Phone/Fax No. of the person in charge for Release of Academic Information			
담당자 E-mail 주소 E-mail Address of the person in charge for Release of Academic Information			

By making application for admission to Soongsil University, I hereby authorize administrator or other persons to confer with others to obtain and verify my credentials and qualifications as a provider.

I release any and all liability from all organizations or individuals who act in good faith and without malice to provide the above information.

I consent to the release by any person to other institutions of all information that may be relevant to an evaluation of my credentials and qualifications and hereby release any such person providing such information of any and all liability.

Signature of Applicant: _____

Date: _____