**Release of Information Authorization (학력조회 확인서)**

Master’s degree applicants shall fill out a copy of the form to agree on the release of their BA/BS academic information.

Doctoral degree applicants shall fill out two copies, i.e., a copy of the form to agree on the release of their BA/BS academic information and a copy of the form to agree on the release of their MA/MS academic information.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1. Personal Information** | | | | | | | | | | | | | | | | |
| Family Name(성) in English | Given Name(이름) in English | | | | | | Date of Birth(생년월일) | | | | | | | | Sex(성별) | |
|  |  | | | | | | Month(월) | | Day(일) | | Year(년) | | | | □ Male □ Female | |
|  | |  | |  | | | |
| Year and semester you plan to enter | Degree(지원과정) | | | | | Department(학과) | | | | | | | Specific Major(세부전공) | | | |
| 20\_\_\_ \_\_\_ □ Spring □ Fall | □ Master’s □ Doctoral □ Integrated Master’s and Doctoral | | | | |  | | | | | | |  | | | |
| **2. Academic Information** | | | | | | | | | | | | | | | | |
| Name of School Graduated(학교명) | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Address of School(학교주소): | | | | | | | | Dates Attended(재학기간) | | | | | | | | |
| City(도시) | | State(주) | | Country(국가) | | | | From(MM/YY) | | | | | | To(MM/YY) | | |
|  | |  | |  | | | |  | |  | | | |  | |  |
| Major/Department(전공/학과) | | | | | Degree(학위) | | | | | | | | | | | |
|  | | | | | □ BA □ MA □ Other \_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| Website (URL) of School(홈페이지 주소) | | | | | | | | Dates Attended(재학기간) | | | | | | | | |
|  | | | | | | | | From(MM/YY) | | | | | | To(MM/YY) | | |
|  | |  | | | |  | |  |
| **3. School Information to Request Release of Academic Information** | | | | | | | | | | | | | | | | |
| Name of Registrar’s Office  학력조회 담당부서 | | |  | | | | | | | | | | | | | |
| Name of Staff/Officer  학력조회 담당자 성명 | | |  | | | | | | | | | | | | | |
| Position of Staff/Officer in Charge  학력조회 담당자 직위/직함 | | |  | | | | | | | | | | | | | |
| Phone/Fax No. of Staff in Charge  담당자 연락처/팩스번호 | | |  | | | | | | | | | | | | | |
| E-mail of Staff in Charge  담당자 E-mail | | |  | | | | | | | | | | | | | |
| By sending this application for admission to Myongji University, I hereby authorize the Myongji officials to confer with others to obtain and verify my credentials and qualifications as a provider.  I release from any and all liability 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.  명지대학교에 본 입학원서를 제출함으로써 본인은 명지대학교 관계자가 저의 이력 및 자격관련 정보를 획득하기 위해 타인과 접촉하는 것을 허용합니다. 또한 모든 관계 기관과 개인이 위의 정보를 제공해 주실 것을 성실히 부탁 드립니다. 또한 저의 이력 및 자격을 평가하는 데 필요한 모든 정보를 명지대학교에 제공해 주시는 것에 아무런 이의가 없습니다. | | | | | | | | | | | | | | | | |
| **Name & Signature (이름 및 서명)** | | | | | | | | | | | | **Date (날짜)** | | | | |
|  | | | | | | | | | | | |  | | | | |

**Please keep the contents within 1 page. DO NOT PRINT IT in TWO PAGES! 한 장에 다 작성해주세요. 두 장으로 나눠 인쇄하지 마세요!**