



International Undergraduate Admissions Team, Yonsei University  
50 Yonsei-ro, Seodaemun-gu, Seoul 03722, Korea  
Tel: +82-2-2123-3225, Fax: +82-2-2123-8636  
<http://iadms.yonsei.ac.kr>

### Release of Information Form

By making application for transfer to Undergraduate Programs of Yonsei 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 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.

. . .

Name(지원자 성명) : \_\_\_\_\_

Date of Birth(지원자 생년월일) : \_\_\_\_\_

Signature(지원자 서명) : \_\_\_\_\_



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※ 해외 대학교 출신자에 한하여 작성하고 '지원자 작성란'만 기재하여 제출합니다.

Student's Education Record[지원자 작성란, Student's Section]

Student's Name	
Date of Birth (yyyy/mm/dd)	
Sex (Male, Female)	
Name of School(Campus)	
School Phone No.	
School Address	
Period of Enrollment (yyyy/mm/dd ~ yyyy/mm/dd)	
Date of Graduation□ / Transfer□	

※ Attachments : Letter of Consent, Official transcript(s)

[해외대학교 학적담당자 작성란, Verifier/Registrar's Section]

Kindly verify the above student information in the box below, and please return to International Undergraduate Admissions Team, Yonsei University[by air-mail / email attachment / fax, etc].

Verification	Tick <input checked="" type="checkbox"/> & Remark
1. Basic Information (Name, DOB, Sex, School Info.)	Correct <input type="checkbox"/> Incorrect <input type="checkbox"/> ( )
2. Period of Enrollment	Correct <input type="checkbox"/> Incorrect <input type="checkbox"/> ( )
3. Date of Graduation□/Transfer□	Correct <input type="checkbox"/> Incorrect <input type="checkbox"/> ( )
4. Descriptions in Transcript(s)	Correct <input type="checkbox"/> Incorrect <input type="checkbox"/> ( )
Certified by	
Name & Position :	
Signature :	
Affiliation :	
Tel :	
Fax :	
Email :	
Date :	
Comment :	