

Approval Form of Releasing Information

To the Authorities of Dankook University

- **Date of Birth:**
- **Name:**
- **Graduate University:**
- **Address:**
- **Student ID Number:**
(A college of record)
- **Department :**
- **Major:**
- **School Telephone :**
- **E-mail of Person in Charge :**

I, hereby, as an applicant for the admission to Dankook University, approve that the administrators or any other persons of Dankook University have the right to obtain and confirm my credentials and qualifications and can exercise their right for the administrative purpose.

I consent to the release, by any persons or institutions, of any information concerning the qualifications, on condition that there is no malice to provide them.

Applicant: _____ (Signature)