

Letter of Consent

(학력조회동의서)

This is to confirm that I have attended and completed _____.
(official name of school)

By applying to Kyungdong University (Goseong-gun, South Korea), I understand and agree that this university may and can officially request for my academic records and documents from my previous schools.

School Name:	
School Address:	
School Website:	
School Tel. No.:	

Student Name:	
Date of Birth:	_____/_____/_____ (month) (day) (year)
Date of Admission (or Transfer):	_____/_____/_____ (month) (day) (year)
Date of Graduation (or Withdrawal):	_____/_____/_____ (month) (day) (year)

Date: ____/____/_____
(month) (day) (year)

Name: _____ Signature: _____
(applicant's full name) (applicant's signature)