

Consent for Academic Verification

Academic Year 20____

Name		Date of Birth	
Previous University Information			
Name of University		Department (Major)	
Date of Admission		Graduation (Expected) Date	
<input type="checkbox"/> Notice of Personal Information Provided to Third Parties.			
Recipient	Purpose of Provision	Items Provided	Retention Period
Previous university or relevant institution	Academic record verification	Department, name, date of birth, previous university, department (major), date of admission, date of graduation, degree number	Until the purpose of processing is achieved
<input type="checkbox"/> Have you reviewed the above information?			Confirmed <input type="checkbox"/>

Date: 20____.____.____

Name of Applicant: _____ (Signature)

To the President of Catholic University of Pusan