

# 학력 조회 동의서

## Official Authorization for Inquiry into Enrollment and Academic Credit

**Date :**

To whom it may concern:

I attended \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_.

(school name)

(yyyy/mm/dd)

(yyyy/mm/dd)

I seek admission to Kyung Hee University in Korea for the 2024 academic year. Therefore, I hereby authorize all the institutions I attended previously to release my academic records to Kyung Hee University upon request.

Legal Name in English : \_\_\_\_\_ (Signature)

Nationality : \_\_\_\_\_

Date of Birth : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Year) (Month) (Day)

School Address : [ZipCode] \_\_\_\_\_

School E-mail Address : \_\_\_\_\_

School Phone Number : \_\_\_\_\_

School Fax Number : \_\_\_\_\_

※ School information above should include most recently attended high school (if freshman), or college (if Transfer).