****Graduate School of Education, Sogang University

35 Beakbeom-ro, Seoul, 04107, South Korea

Telephone: +82-2-705-8177~8, Fax: +82-2-3274-4874

E-mail: gsedu@sogang.ac.kr

**Release of Information Form**

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| **1. Applicant Information(申请人资料)** |
| Family name | Given name | 漢字姓名(Chinese & Japanese Only) |
| Applicant Number | Major |
| **2. Academic Information** |
| Institution Name(學校名称) |  |
| Institution Address(學校地址) |  |
| Name of Degree/Diploma(学位或毕业泟种类) |  |
| Department and Major(专业) |  |
| Date of Graduation (毕业日期) |  |
| Period of Attendance(期間出席) |  | Number of Registered Semesters (註冊學期數) |  |
| Website of Institution(机构网站) |  |
| **3. Institution Information for Requesting Release of Academic Records** |
| Name of the Office of Student Records from |  |
| Head of Student Records Contact(Name) |  |
| Head of Student Records Phone/Fax No. |  |
| Head of Student Records E-mail Address |  |

(MM) /(DD) /(YYYY) / Applicant: (Signature)