****Graduate School of Education, Sogang University

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**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)