



LETTER OF CONSENT

SPRING, 2020

Incheon National University

Admissions Office

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SUBJECT : REQUESTING STUDENT INFORMATION (LETTER OF REQUEST)

The applicant has been admitted to the Incheon National University for the Spring Semester of 2019. The documents he(or she) submitted indicate that he(she) previously attended your school. Yet for the sake of the Standard Operational Procedure of the Incheon National University, his(her) documents must be confirmed. Included are his(her) brief personal data along with photocopies of the documents he(she) submitted to us.

We would deeply appreciate if you could verify the documents and let us know the results by mail, fax or e-mail above.

STUDENT RELEASE OF INFORMATION AGREEMENT / TO BE COMPLETED BY THE STUDENT

By making application for admission to Undergraduate Programs of Incheon National University, I hereby authorize administrator or other persons to confer with others to obtain and verify my credentials and qualifications as a provider.

I release from any and all liability all organizations or individuals who act in good faith and without malice to provide the above information. I consent to the release by any person to other institutions of all information that may be relevant to an evaluation of my credentials and qualifications and hereby release any such person providing such information of any and all liability.

Name		Date of Birth	DAY MONTH YEAR
Name of School		Website	
School Email		School Phone	
School Address	Country ()		
Signature			

VERIFICATION REQUEST / VERIFIED BY PREVIOUSLY ATTENDED SCHOOL [OFFICIAL USE]

Student's Information	<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect	Comments :
Period of Enrollment	<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect	Comments :
Date of <input type="checkbox"/> Graduation <input type="checkbox"/> Transfer	<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect	Comments :

VERIFIER INFORMATION / VERIFIED BY PREVIOUSLY ATTENDED SCHOOL

Name		Position	
Affiliation		Email	
Phone		Fax	
Signature		Official Stamp	
Date	DAY MONTH YEAR		