

Letter of Authorization

(for South Korea academic record release/ 申請韓國學歷查證用)

To Whom It May Concern:

I, _____ (*Full name*),

(Date of Birth: _____Y _____M _____D), hereby waive my

rights under the Personal Information Protection Act and authorize the

release of all information relevant to my study at

_____ (*School*

name and telephone number) to the Taipei Mission in Korea, located at 6th Fl.,

Gwanghwamun Bldg., 149, Sejongdaero, Jongno-Gu, Seoul 03186,

Korea.

Yours faithfully,

_____ (*Signature*)

_____Y _____M _____D (*Date*)