[Form 2]

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| **Dong-A University**  **Office of International Affairs** |
| *(49236) Office of International Affairs, Dong-A University, 225 Gudeok-ro seo-gu, Busan*  *TEL : (82+51)200-6444 FAX : (82+51)200-6445*  *E-mail :* [studyindonga@donga.ac.kr](mailto:studyindonga@donga.ac.kr) |
| **Letter of Consent**  To whom it may concern,  I hereby authorize my previously attended educational institutes to disclose information concerning my enrollment and academic records to Dong-A University  In this regard, I would like to request your full assistance when Dong-A contacts you regarding verification of enrollment and transcripts.  Name : Date (yyyy/mm/dd)  Signature : |
| **Student Information** |
| \*Name of university:  \*Date of admission :  \*Date of graduation:  \*Name :  \*Student ID Number :  \*Date of Birth : |