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**Release of Information Form**

By signing this application for admission to Yonsei University Graduate School of Public Health, I authorize administrator or other related-official members 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 hereby give consent to release my private information to other institutions that may be relevant to an evaluation of my credentials and qualifications. Thereby, I release any liability of such person from providing my information.

Signature :

Date :

Name :