Agreement of Collect and Use(disclose) Personal Information

In the process of the ordinary personnel administration and various services, such as academic administration, application for the foreign registration, permission of stay in Korea and medical expense insurance, etc for the students, Language training center in Inha university (hereafter "LTC") is required to obtain the students' consent to collect and use(including disclosure to a third party) personal information as following. please check the box next to "agreement" and sign your name.

▶Agreement to collect and use personal information (personally identifiable information) ["Mandatory"]

personal information	purpose of collection and use	period of use and retention of personal information
Full name, Date of birth, Passport Number, Foreign registration number, Contact number(cellphone, residence, office), Address(residence, office), email address	Academic administration, application for foreign registration, permission of stay in Korea, and insurance, etc	Permanent

※ You are under no obligation to consent to this agreement.

○ Disadvantage of disagreement : You can't register at the LTC.

☐ I agree ☐ I disagree

▶Agreement to collect and use personal information ["Mandatory"]

personal information	purpose of collection and use	period of use and retention of personal information
Gender, Nationality	Academic administration, Application for foreign registration, permission of stay in Korea, and medical expense insurance, etc	Permanent

※ You are under no obligation to consent to this agreement.

○ Disadvantage of disagreement : You can't register at the LTC.

☐ I agree ☐ I disagree

▶Agreement to disclose personal information to the third party (personally identifiable information) ["Mandatory"]

Third party	personal information to be disclosed	purpose of collection and use	period of use and retention of personal information
Affiliated insurance company	Full name, Date of birth, Passport Number, Foreign registration number, Gender, Nationality	Processing application for medical expense insurance	1 year after the expiration date of medical expense insurance

※ You are under no obligation to consent to this agreement.

○ Disadvantage of disagreement : You can't take medical expense insurance.

☐ I agree ☐ I disagree

I hereby confirm that After I read and fully understand this agreement, I agree to the terms and conditions of this agreement.

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Date of birth : year. month. day.

Full name : (signature)