**Consent to Collection, Use, and Disclosure of Personal Information**

When the foundation collects and uses students’ personal information, or discloses personal information to a third party, individual consent from the student is required. ‘Hyundai Motor Chung Mong-Koo foundation’ will collect, use, or disclose your personal information for the purpose of processing Scholarship.

**I. Collection and Use of Personal Information**

|  |  |  |
| --- | --- | --- |
| **Items to be collected and used** | **Purpose** | **Duration of**  **Retention and Use** |
| **(Mandatory)** Name, year of birth, nationality, gender, E-mail, Phone number, college, course of study, major, research field and topic, educational background(college, major, cumulative GPA, period of enrollment)  **(Optional)** Language qualification, awards and certificates, work experience(institution, division, position, Period of Employment) | Scholarship recipient selection  - Academic history check  - Academic performance check  Evaluation of qualification  Payment of scholarship  management of Scholarship | Until achieving the purposes specified |

※ The subject of information has the right to object to the collection and use of their personal information. If you object to the collection and use of your personal information, foundation may not be able to select scholarship student and provide you with scholarship.

**- I authorize foundation to collect and use the mandatory personal information as outlined above.**

**▢ Yes ▢ No**

**- I authorize foundation to collect and use the optional personal information as outlined above.**

**▢ Yes ▢ No**

**II. Disclosure of Personal Information to a Designated Third Party(Attending university)**

|  |  |  |
| --- | --- | --- |
| **Items to be provided** | **Purpose** | **Duration of**  **Retention and Use** |
| **(Mandatory)** Name, year of birth, nationality, gender, E-mail, Phone number, college, course of study, major, research field and topic, educational background(college, major, cumulative GPA, period of enrollment)  **(Optional)** Language qualification, awards and certificates, work experience(institution, division, position, Period of Employment) |  Payment of scholarship   management of Scholarship | Until achieving the purposes specified |

※ The subject of the information has the right to object to the disclosure of their personal information.

If you object to the disclosure of your personal information, foundation may not be able to provide you with scholarship.

**- I authorize foundation to disclose the mandatory personal information to the third party as outlined above.**

**▢ Yes ▢ No**

**- I authorize foundation to disclose the optional personal information to the third party as outlined above.**

**▢ Yes ▢ No**

**By signing this Consent Form, I hereby confirm that I have sufficiently understood the above information.**

**Date :**

**Name : (Signature)**