

Personal Information Disclosure Request Form

Date:

To: Personal Information Protection Manager

Affiliation _____

(For current students, faculty/department/student number)

Full Name _____

Address _____

Phone number () - _____

E-mail address _____

I would like to make the following request regarding my personal information.

Type of the Request (claim category)	<input type="checkbox"/> Disclosure <input type="checkbox"/> Correction, etc. <input type="checkbox"/> Deletion, etc. <input type="checkbox"/> Suspension of use, etc.
Details of the Request (claim details)	
Reason for the Request (reason for claim)	
Identification document	
Remarks	

(Note)

1. Please check the appropriate boxes.
2. Regarding the method of disclosure in the “ Details of the Request ” column, if the disclosure method other than in writing is preferred, please indicate the method you would like to receive the information.
3. The requester must present identity verification documents (including legal representative).
4. If you are a proxy, please fill the claimant's name in this form and attach a document proving that you have authority of representation.