

Date:

Request for Disclosure of Retain Personal Information

To President of Osaka University

Person submitting the Request Form:
 (This Form is submitted in person by a proxy)

Name: _____

Address: _____

Telephone number: _____
 (If this Form is submitted by a proxy, enter the name of the requesting person below.)

Name: _____

I hereby request the disclosure of personal information pursuant to Article 12 of the Act on the Protection of Personal Information Held by Independent Administrative Agencies, etc.

Title and other information of the corporate document containing the personal information to be disclosed Please be as specific as possible so that the personal information to be disclosed can be identified.	
Preferred method of disclosure (optional)	<input type="checkbox"/> On-site inspection <input type="checkbox"/> Delivery of copy <input type="checkbox"/> Other ()
Whether to send a copy of the information or not (optional)	<input type="checkbox"/> I request disclosure of information by having a copy of the information sent to me. <input type="checkbox"/> I request disclosure of information at the University. (Preferred date and time of disclosure at the University) Date: Time:

(Leave the following space blank.)

Date of receipt		Decision deadline	
Identification document of the requesting person/proxy	<input type="checkbox"/> Driver's license <input type="checkbox"/> Health insurance card <input type="checkbox"/> Personal identification number card or basic resident register card (on which the address is shown) <input type="checkbox"/> Residence card, special permanent resident certificate, or foreign resident registration card that serves the purpose of a special permanent resident certificate <input type="checkbox"/> Family register <input type="checkbox"/> Other ()	<input type="checkbox"/> Original document <input type="checkbox"/> Copy	
Disclosure fee	¥300 × () documents		¥