Form 1-2

Date:

Request for Correction 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 27 of the Act on the Protection of Personal Information Held by Independent Administrative Agencies, etc.

Date of disclosure of the retain personal information for which correction is requested, or title or other information of the corporate document containing the personal information to be corrected If the exact date of disclosure is unknown, indicate the title or other specific information of the corporate document that enables identification of the personal information to be corrected.	Date of disclosure of the retain personal information for which correction is requested Title or other information of the corporate document containing the personal information to be corrected
Purpose and reason for requesting correction of the personal information	

(Leave the following space blank.)

Date of receipt		Decision deadline	
Identification document of the requesting person/proxy	☐ Driver's license ☐ Health insurance card ☐ Personal identification number card or basic resident register card (on which the address is shown) ☐ Residence card, special permanent resident certificate, or foreign resident registration card that serves the purpose of a special permanent resident certificate ☐ Family register ☐ Other ( )		☐ Original document ☐ Copy
Request for Disclosure of Retain Personal Information	Date of receipt:	Document number: 阪大 第 号	