

## Request for Method of Disclosure

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: \_\_\_\_\_

Following the approval for disclosure/partial disclosure of the personal information held by Osaka University given in "阪大 第 号" dated [ ], I hereby indicate the preferred method of disclosure below.

Method of disclosure  Select the applicable method from among "Methods of disclosure to choose from" stated in the Approval for Disclosure/Partial Disclosure. If you request disclosure of different pieces of retain personal information using different methods, indicate so and specify each of such methods.	1) Method of disclosure  2) Method of disclosure for each part of the document to be disclosed
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(Check the applicable item and give details about the request on the right.)

<input type="checkbox"/> I request partial disclosure of the retain personal information.	[Part of the document to be disclosed]
<input type="checkbox"/> I request disclosure of the retain personal information at the University.	[Preferred date and time of disclosure] Date: _____ Time: _____
<input type="checkbox"/> I request disclosure of the retain personal information by having its copy sent to me.	[Address to which to send the copy] (Skip this if the copy is to be sent to the address/location shown above)

\* You do not need to submit this form if you request disclosure to be conducted as specified in your Request for Disclosure of Retain Personal Information.