

Date:

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.

<p>Method of disclosure</p> <p>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.</p>	<p>1) Method of disclosure</p> <p>2) Method of disclosure for each part of the document to be disclosed</p>
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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.