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| Request Form for Disclosure / Deletion of Career Information  　　　　　Date:  To Deputy Direct Sophia University Career Center  Association  (Faculty/Department at time of enrollment, Student Number, Date of Graduation)  Name of Requestor  Address  TEL  　　　　　　　　　　　　　　　　　　　　E-mail    I request the following in accordance with Sophia School Corporation’s policy on the protection of  personal information | | | | |
| Type of request  \*1 Please circle your requested method of disclosure  \*2 If you choose other, please describe in detail your request | | Disclosure \*1 (Method of disclosure: Documents in-person at the Career Center / Documents mailed by post or email )    Deletion  　　 Other (\*2 ) | | |
| Personal information that you would like to inquire about. If an edit is required, please write in detail. | | Information that the Career Center maintains | | |
| Reason for request | | (Not required for “Disclosure”) | | |
| Personal Identification Document | Student ID Staff/Faculty ID Drivers License  Passport Health Insurance Card Other （ ） | | | |
| For Office Use |  | | Stamp |  |

\*Do not fill in the bold line sections.