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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 ofpersonal 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 LicensePassport Health Insurance Card Other （ ） |
| For Office Use |  | Stamp |  |

\*Do not fill in the bold line sections.