

Request for Personal Information Disclosure etc.

Date : / /

(Principal) Address : Phone number :	Name : Signature
(Representative) Address : Phone number :	Name : Signature
Situation of the person 1. Minor 2. Adult ward 3. Voluntary agent delegate * Even if the representative makes a request, it is necessary for the person himself / herself to fill in the above personal column.	
Classification of request 1. Disclosure 2. Corrections (revisions, additions, deletions) 3. Suspension of use * Please add <input type="radio"/> to the corresponding number.	
Details of request	
Reason * When requesting correction or suspension of use, please write the reason below. If you do not fill in the form, we may not be able to respond to your request.	
Desired date * We may not be able to meet your request. We'd appreciate if you accept it in this case.	
If you want us to send it to another address, please write your mailing address below. Address : Phone number :	