

Request Form for Personal Information Disclosures, etc.

Request form number: No. _____

Date: _____

To Japan Translation Center, Ltd.

Name : _____

Address or whereabouts: 〒 _____

TEL: (_____) _____

- I hereby request the disclosure, etc., of personal information in your possession as follows, as per Article 25 of the Act on the Protection of Personal Information.
- I hereby request the revision, etc., of personal information in your possession as follows, as per Article 26 of the Act on the Protection of Personal Information.
- I hereby request the suspension of use, etc., of personal information in your possession as follows, as per Article 27 of the Act on the Protection of Personal Information.

I. Notification of purpose of use/disclosure

1. Personal information for which disclosure is requested (Specifically identify the information)

2. Method of disclosure sought

Disclosed information will generally be sent in form of a copy via postal mail. If you would like a different form of disclosure (e.g. viewing at the office), please indicate below.

II. Revision, etc.

Date on which the personal information to which you are requesting a revision was originally disclosed	Date: _____
The personal information that was disclosed based on a disclosure determination	Document number for the Notification of Disclosure Determination: _____ Date: _____ The name, etc., of the personal information that was disclosed based on a disclosure determination: _____
Reason for revision request	Reason: _____

III. Suspension of use, etc.

Date on which the personal information for which you are requesting a suspension of use was originally disclosed	Date: _____
The name, etc., of the personal information that was disclosed based on a disclosure determination	Document number for the Notification of Disclosure Determination: _____ Date: _____ The personal information that was disclosed based on a disclosure determination: _____
Reason for request	<input type="checkbox"/> Suspension of use; <input type="checkbox"/> Deletion or suspension of provision to others Reason: _____

IV. Confirmation of ID, etc.

Person requesting disclosure (requester): <input type="checkbox"/> The individual concerned <input type="checkbox"/> Legal representative
Personal identification documents for the requester themselves <input type="checkbox"/> Driver's license <input type="checkbox"/> Health insurance card <input type="checkbox"/> Residence card or Special permanent resident certificate <input type="checkbox"/> Basic residential registry card <input type="checkbox"/> Other (_____) *If making a request by mailing in a request form, also include a copy of your certificate of residence.
Status of the individual concerned (This information is only required if a legal representative is issuing the request) - Status of the individual concerned <input type="checkbox"/> Minor (Date of birth: _____) <input type="checkbox"/> Adult ward - Name of the individual concerned: _____ - Address or whereabouts of the individual concerned: _____
If the request is being made by a legal representative, present or submit one of the following pieces of documentation. Documents establishing request qualifications: <input type="checkbox"/> Official copy of family register <input type="checkbox"/> Certificate of registered information <input type="checkbox"/> Other (_____)

Received by: _____

