

Personal Information Disclosure Request Form

Please fill out the fields below.

To verify your identity, please provide one of the following documents. If submitting by mail, include a copy that shows your current address. If the requester is not the individual, documents for both parties are required.

Acceptable documents: A copy of their government-issued photo ID

Note: Please black out your registered domicile before submission.

		Date(YYYY)	(MM)	(DD)
1. Requester's Information				
Name	(Print Name) (signature)			
Address	(Street Address / Building Name) (City / Town) (State / Province / Prefecture) (Postal Code) (Country)			
Phone Number	(+) - -			
2. Request Details				
Requested Items	<input type="checkbox"/> Notification of Purpose of Use <input type="checkbox"/> Correction, Addition, or Deletion of Disclosed Information <input type="checkbox"/> Suspension of Use <input type="checkbox"/> Deletion <input type="checkbox"/> Cessation of Third-Party Provision <input type="checkbox"/> Disclosure of Third-Party Provision Records <input type="checkbox"/> Other :			
Date and Method of Provision	< This information is necessary to process your request. Please be as specific as possible. >			
Data Subject	Relationship to the Requester	<input type="checkbox"/> Self <input type="checkbox"/> Other (Please also complete the bold-framed section.) ※If you are requesting the disclosure or other actions regarding the personal information of someone other than yourself, a power of attorney signed by the individual and a copy of their government-issued photo ID are required. Notarization may be required for further verification.		
	Name	(Print Name) (signature)		

	Address	(Street Address / Building Name) (City / Town) (State / Province / Prefecture) (Postal Code) (Country)
	Phone Number	(+) - -

3. Preferred Method of Notification

Method of Notification	<input type="checkbox"/> Written Document <input type="checkbox"/> Email <input type="checkbox"/> Other:
Recipient Contact Information (e.g., Email address, mailing address, etc.)	

4. Comments or Other Remarks (Optional)

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This request form and the identification documents you submit will be used solely for the purpose of processing your request for disclosure, etc., and verifying your identity. They will not be used for any other purpose.

[For Office Use Only]

- ☐ Identity Verified
☐ The Individual ☐ Representative
☐ Driver's License ☐ Passport ☐ Other:

Power of Attorney

(Attachment to the Personal Information Disclosure Request Form)

<The Individual>

Name	(Print Name) (signature)
Address	(Street Address / Building Name) (City / Town) (State / Province / Prefecture) (Postal Code) (Country)
Phone Number	(+) - -

I hereby appoint the person named below as my representative and delegate to them the authority to request notification of the purpose of use, disclosure, correction, addition or deletion of my personal information, suspension of use, erasure, cessation of provision to third parties, and disclosure of third-party provision records.

<Representative>

Name	(Print Name) (signature)
Address	(Street Address / Building Name) (City / Town) (State / Province / Prefecture) (Postal Code) (Country)
Phone Number	(+) - -