Personal Information Disclosure Request Form

Please fill in the form below.

Please submit a copy of one of the following documents to verify your identification and current address (if you are a proxy to represent the principal of the request, please submit both your and the principal's copies).

・Driver's license ・ Passport (Please black out the permanent address.)

Request Date_____/_____/_____

1. Information of Requestor

First Name **Last Name**	Seal or Signature
Address	Zip Code
Telephone Number	

2. Requestor's Request

Request	☐ Notice of usage purpose ☐ Disclosure ☐ Discontinuation of Use ☐ Others（ ）
When and how you provided your personal information	＜Your specific description will be appreciated for the personal information investigation.＞
Your Relationship with Principal	☐ Principal ☐ Other than principal（Please fill in the items in the thick frame） If you are not the principal of the request, you need to submit the "Power of Attorney Form."
First Name **Last Name**	Seal or Signature
Address	Zip Code
Telephone Number	

3. Comment (if any)

The submitted "Personal Information Disclosure Request Form" and personal identification documents will be used only for the disclosure etc. (as defined at "Request for Disclosure of Personal Information (https://www.uctec.com/en/privacy-handling/)") request processing and verifying requestor's identification. We will not use them for any other purposes.