|  | Application Form for the Exercise of Data Subject Rights (Type I) |  |
| --- | --- | --- |
| Applicant Unit: |  | **Position/Title:** |  | **Name:** |  |
| Requested Action(s): | □Inquiry □Inspection □Provision of Copy | Application Date: |  |
| Enclosed Documents: |  |
| **Reason for Application:**I hereby, pursuant to Article 3 of the Personal Data Protection Act, submit this application to your institution for the exercise of my data subject rights and request your assistance in processing this matter. |
| Scope of Request |  |
| Request Period |  |
| Number of Copies |  |
| Content |  |
| Handling Unit /Review Commentss | * Accepted (Meets the University's Application Criteria)
* Rejected (Reason for Non-Compliance):
 |
| Data Processing Fee (Inquiry/Inspection/Provision of Copy): \_\_\_Method of Data Delivery* Written. Reply Address:：
* Electronic File. Email:
* Other:\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| Handling Unit Personnel |  | Handling Unit Supervisor |  |
| Completion Date: | \_\_\_\_\_ |