|  | | | 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: | \_\_\_\_\_ | | | | | | | | | |