

Requesting Disclosure, Notification of Purpose of Use, Correction, Suspension of Use, and Erasure of Personal Information Possessed by Sophia School Corporation

Note: The English translation is provided for information. The original Japanese version remains the sole official version. If there is any discrepancy between the two versions, the Japanese original should take precedence.

Sophia School Corporation (“School Corporation”) endeavors to properly handle personal information pursuant to the Act on the Protection of Personal Information (Act No. 57 of 2003).

Furthermore, on the basis of the Act on the Protection of Personal Information and School Corporation Regulations on Protection of Personal Information, School Corporation accepts requests for disclosure, correction, and suspension of use of personal information possessed by School Corporation (“Personal Information”). Personal Information is personal information that is created or received by School Corporation’s faculty and staff members as part of their duties and is possessed by School Corporation for the purpose of being used by School Corporation’s faculty and staff members as part of their organizational activities. Further details are provided below.

It should be noted that certificates (diplomas, transcripts, etc.) cannot be issued based on requests for disclosure of Personal Information. Please refer to respective school’s website for detailed information on how to request and obtain certificates.

1. Requesting Disclosure of Personal Information

A person who is the subject of Personal Information can request disclosure of “retained personal data” that can identify the individual. (School Corporation has authorization for disclosure, correction, addition or deletion, suspension of use, erasure, and suspension of provision to third parties of such personal data, which excludes data that may harm the public interest and other interests if its presence or absence is made known.)

(1) How to Request Disclosure

Please submit necessary documents, including the request form(s) as below, to the Office of General Affairs of the Bureau of General Affairs (located on the 6th floor of Building No. 13) or send them by mail to the address below.

Mailing Address:

7-1 Kioi-cho, Chiyoda-ku, Tokyo 102-8554

Sophia School Corporation, Bureau of General Affairs, Person in Charge of Personal Information

(a) Documents necessary when a person requests disclosure of his/her own personal information

- a. Request Form for Disclosure, etc. of Personal Information (Form No. 2)
- b. A copy of personal identification document (a student ID card, a faculty/staff ID card, a driver's license, a health insurance card, etc.)
- c. A certified copy of certificate of residence (This is necessary only when sending necessary documents by mail. Only a certified copy that is issued within three months before requesting disclosure and does not show the personal identification number is regarded valid. In addition, a photocopy of the certified copy is not accepted.)
- d. (Requesting disclosure of personal information or requesting notification of purpose of use) Evidence of payment of fees: A copy of a bank transfer statement (when paying fees through bank transfer), a fixed-amount postal money order, or a revenue stamp

(b) Documents necessary when a person requests disclosure through an agent

- a. Documents listed in items a and b in the above paragraph (a), "Documents necessary when a person requests disclosure of his/her own personal information"
- b. Matters concerning Agent (designated form is available)
- c. A copy of personal identification document for the agent (a driver's license, a health insurance card, etc.)
- d. Qualification verification documents
(When making request through a statutory agent)
- A certified copy of family register, a certificate of registered information, or other document that shows the relationship between the agent and the person making

request

(When making request through a non-statutory agent)

- Power of Attorney (The person making request should affix his/her seal on the Power of Attorney, and a seal registration certificate for the seal should be attached.)

(c) Fees

It is necessary to pay a fee of 300 yen per request (by bank transfer, fixed-amount postal money order, or revenue stamp).

Payment of fees is necessary only when requesting disclosure of personal information or requesting notification of purpose of use. No payment of fees is required when requesting correction, addition, erasure, suspension of use, or suspension of provision to third parties of personal information.

(How to pay fees) Fees should be paid by one of the following methods:

a. Fixed-amount postal money order

Please buy a fixed-amount postal money order of 300 yen at the post office.

*Please bear the fees necessary to buy the postal money order.

b. Revenue stamp

Please buy a revenue stamp for “fees related to personal information (300 yen)” at the revenue stamp vending machine located in the Center for Academic Affairs (on the first floor of Building No. 2 of the Yotsuya Campus).

c. Bank transfer

For information on the bank account to which fees should be transferred, please contact the person in charge of personal information at the Bureau of General Affairs.

Phone number: 03-3238-3172

Email address: soumu_info-co@sophia.ac.jp

*Applicant shall bear the bank transfer fee(s).

*When paying fees by bank transfer, please ensure to enter the letter “U” before the sender’s name.

(2) Deciding on Disclosure or Non-Disclosure

After a person makes a disclosure request, School Corporation will, without delay, disclose the retained personal data that can identify the individual. However, in any of the following cases, School Corporation may not disclose all or part of the

retained personal data. In addition, if the personal data does not exist, School Corporation cannot disclose it.

(a) There is a possibility of harming the life, body, fortune, or other rights and interests of the person making request or a third party.

(b) There is a possibility of interfering seriously with School Corporation implementing its business properly.

(c) There is a possibility of violating other laws or regulations.

Please note that School Corporation will not refund the fees even if all or part of the retained personal data is not disclosed, or the personal data does not exist.

2. Requesting Notification of Purpose of Use of Personal Information

A person can request School Corporation to explain for what purpose it intends to use Personal Information. The procedures for requesting disclosure should apply mutatis mutandis in such a case. Please refer to section 1, subsection (1).

3. Requesting Correction of Personal Information

If a person believes that his/her Personal Information is incorrect, he/she can request correction of it. The procedures for requesting disclosure should apply mutatis mutandis in such a case. Please refer to section 1, subsection (1). However, no fees are required.

4. Requesting Suspension of Use, Suspension of Provision to Third Parties, or Erasure of Personal Information

If a person believes that his/her Personal Information is improperly obtained, used, or provided to a third party, he/she can request suspension of use, suspension of provision to third parties, or erasure of the Personal Information. The procedures for requesting disclosure should apply mutatis mutandis in such a case. Please refer to section 1, subsection (1). However, no fees are required.

Request Form for Disclosure, etc. of Personal Information

Month Day, Year

To Head of Office of General Affairs, Bureau of General Affairs, Sophia School Corporation:

Affiliation: _____

(If you are a currently enrolled student, please provide the name of the faculty and department to which you belong and your student ID number. If you are a graduate, please provide the name of the faculty and department from which you graduated and the year of your graduation. If you are a faculty or staff member, please provide the name of the faculty/organization to which you belong.)

Name of person making request: _____

Address: _____

Phone number: _____

Email address: _____

As provided by the School Corporation Regulations on Protection of Personal Information, I hereby make the following request:

<p>Request category 1. Please select the desired method of disclosure and circle it. 2. If you choose "Other," please specify your request.</p>	<p><input type="checkbox"/> Disclosure (Disclosure method¹: Issuance of written documents at the Office of General Affairs, Issuance and mailing of written documents, Provision of electromagnetic records via email, Accessing and viewing personal information)</p> <p><input type="checkbox"/> Notification of purpose of use <input type="checkbox"/> Correction <input type="checkbox"/> Deletion</p> <p><input type="checkbox"/> Suspension of use <input type="checkbox"/> Suspension of provision to third parties</p> <p><input type="checkbox"/> Other² (_____)</p>
<p>Title of personal information concerning person making request and recorded matters (Please provide, in detail, matters that are necessary to specify your personal information. In addition, if you choose "Correction," please specify how your personal information should be corrected.)</p>	<p>1. Title of personal information concerning person making request and recorded matters</p> <p>2. (When "Correction" is chosen) Details of necessary corrections (Please specify what corrections should be made.)</p>
<p>Reason for making request</p>	<p>(Please leave this column blank if you are requesting disclosure of personal information or requesting notification of purpose of use.)</p>

Matters concerning Agent

Month Day, Year

To Head of Office of General Affairs, Bureau of General Affairs, Sophia School Corporation:

Name of agent: _____

Address: _____

Phone number: _____

Email address: _____

Name of principal and relationship between agent and principal

1. Name of principal

2. Relationship

Please check either of the following boxes:

Statutory agent Non-statutory agent

Identification document

Driver's license Health insurance card

Passport Other (_____)

Matters to be processed

Seal of receipt

1. Please leave blank the areas inside the bold lines, which will be filled in by the office in charge.

2. If a person makes request through an agent, the following documents need to be submitted, in addition to this document (Matters concerning Agent):

(a) Request Form for Disclosure, etc. of Personal Information (Form No. 2)

(b) A copy of an identification document for the principal (a student ID card, a faculty/staff ID card, a driver's license, a health insurance card, etc.)

(c) A copy of an identification document for the agent (a driver's license, a health insurance card, etc.)

(d) Qualification verification documents

(When making request through a statutory agent)

- A certified copy of family register, a certificate of registered information, or other document that shows the relationship between the agent and the person making request

(When making request through a non-statutory agent)

- Power of Attorney (The person making request should affix his/her seal on the Power of Attorney, and a seal registration certificate for the seal should be attached.)

Power of Attorney

I, XXXX, hereby designate and appoint YYYY as my agent authorized to handle matters concerning _____¹ at Sophia School Corporation.

Month Day, Year

Principal (XXXX)

Name (to be signed by principal) _____ Seal²

Address _____

Agent (YYYY)

Name (to be signed by agent) _____ Seal

Address _____

1. Please choose the applicable item from below and place it in the underlined blank space.
- Disclosure of personal information - Notification of purpose of use of personal information -Correction of personal information -Addition of personal information -Erasure of personal information -Suspension of use of personal information -Suspension of provision of personal information to third parties
2. Seal registration certificate of the affixed seal should be attached.