

**Providence University**  
**Consent Form for Personal Data Disclosure**  
**Academic Year (109-1)**

<b>Student type: Exchange student</b> <b>Academic level :</b> <input type="checkbox"/> Undergraduate <input type="checkbox"/> Postgraduate <b>Enrollment: 20</b> ____ <input type="checkbox"/> Spring <input type="checkbox"/> Fall	<b>Student ID No.</b>  <b>Name</b>	<small>Fill out by host university</small>   
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**I. Consent for “Parental” Enquiry (Undergraduate students only)**

I hereby agree that Parent(s) (Legal Representative or Guardian) may enquire from Providence University about my personal data, academic records, courses taken, campus life, and other enrollment data. Providence University may also provide or send the Parent(s) (Legal Representative or Guardian) the aforementioned data.

**Note: When the student is under 20 years of age, parents may have access to the aforementioned data while the student is enrolled at the University. After the age of 20, a student may change this consent to “Dissent” at the Registration and Curriculum Division. Upon changing to dissent, the University shall inform the Parent(s) of the change.**

**Consent**  **Dissent**

**II. Consent for personal data disclosure for mailing transcript by Postal Service**

I hereby agree that Providence University may disclose my personal information, including my name, student number, major and class, parent’s names, mailing address, enrollment status, course titles, course type, credit hours, grades, etc. to the Post Service for the purpose of printing and mailing my transcript.

**Consent. I have clearly understood the above statement.**

**III. Consent for personal data disclosure for Student ID production by outsourced firm**

I hereby agree that Providence University may disclose my personal data including name, student number, majoring department and class, duration of exchange to the outsourced firm for the production of Student ID.

**Consent. I have clearly understood the above statement.**

**IV. Consent for personal data disclosure for refund from Easy Card Co. for the lost Student ID (Easy Card part).**

1. The Student ID I hold is also an electronic stored value card issued by the University and the co-branded firm. In accordance with the Act Governing Issuance of Electronic Stored Value Cards, I’m entitled to the services of reporting loss and refund of the balance.
2. I hereby agree that Providence University may disclose my personal data including my name, date of birth, school affiliated, student number, telephone number, mailing address, nationality, postal account number, card number, chip number, etc. to the co-branded card company for the purpose of related services such as reporting loss.
3. I fully understand and agree to abide by the Instructions for Campus ID/Easy Card.

**Consent to the above statement.**  **Dissent to the above statement. Upon the loss of the Student ID/Easy Card, the card holder cannot apply for card refund.**

**Signature (Student):** \_\_\_\_\_ **Signature (Guardian):** \_\_\_\_\_  
**(For student under age 20)**

※Complete the form and signed by parent(s) (legal representative or guardian) and upload the JPG file of the form taken by a scanner or a cell phone. When the uploaded file is different from the checks on computer system, the uploaded file shall prevail.

※Upload method and format setting: Please follow the operation instructions of Student Personal Information System.