

# Yuan Ze University

## Consent to the Collection, Processing, and Use of Personal Data

Yuan Ze University (hereinafter referred to as the University) is responsible for collecting and processing the personal data in this consent form.

1. Unit Name: Global Affairs Office, Yuan Ze University
2. Specific Purpose of Collection: Outgoing Study Abroad Program
3. Category of Personal Data: Name, ID/ ARC, Date of Birth, Address, Contact Number
4. Use of Personal Data (Period, Geographic Area, Subject, Method<sup>3</sup>)
  - (1) Period: Within five years of collection
  - (2) Geographic Area: Within Republic of China (Taiwan)
  - (3) Subject: Promotional Purposes
  - (4) Method: Announcement
5. In accordance with Article 3 of the Personal Data Protection Act, the parties are entitled to the following rights<sup>4</sup>:
  - (1) Request a view or inquire
  - (2) Request for a copy
  - (3) Request for corrections or additions
  - (4) Request for the cessation of collection, processing, and use of personal information
  - (5) Request for deletion

If there is such a requirement, please contact our unit (contact phone: 03-4638800, e-mail: [iadept@saturn.yzu.edu.tw](mailto:iadept@saturn.yzu.edu.tw)). The unit will respond to your request in accordance with the law after completing the Personal Data Rights Exercise Application Form. Our unit may reject requests necessary for the execution of our duties or business. Furthermore, according to Article 14 of the Personal Data Protection Act, our unit may charge necessary costs for inquiries, requests for access to personal data, or provision of copies.

6. The unit will not be able to provide you with relevant services if you do not provide the correct personal information.
7. If you are under the age of 20, you cannot use the service until your legal guardian has reviewed, understood, and agreed to the terms of this Consent and its amendments. Nevertheless, you will be deemed to have obtained your legal guardian's consent and agreed to comply to all the terms above if you have used the service.

I have reviewed and accept the terms of this Consent.

Signature: \_\_\_\_\_ Date (Y/M/D) \_\_\_\_\_

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1. Please specify the specific purpose of the data collection based on the list of specific purposes provided by the Ministry of Justice's announcement on the Personal Data Protection Act.
  2. Please refer to the categories of personal data listed in the Ministry of Justice's announcement on the Personal Data Protection Act to indicate the category of personal data.
  3. The use of personal data should be limited to the necessary scope for the specific purpose. Any use beyond the scope of the specific purpose must comply with the Personal Data Protection Act requirements to be considered lawful. Additionally, the scope of the specific purpose will determine whether there is a basis for proactively ceasing the processing, utilization, and deletion of the data upon the request of the data subject. Please provide complete information in this regard.
  4. The data subject's rights are as defined in the Personal Data Protection Act. Please provide the channels and methods for exercising these rights. If there are any other significant impacts on the data subject's rights and interests, please also include them in this section.

Yuan Ze University  
Application for Exercising Personal Data Rights

Fill in Date : Republic of China (Taiwan)○Y○M○D

Request for	<input type="checkbox"/> View or Inquire <input type="checkbox"/> Copy <input type="checkbox"/> Corrections or Additions <input type="checkbox"/> Cessation of Collection, Processing, and Use of Personal Information <input type="checkbox"/> Deletion
Reason	
Requested information	
<b>Parties' Basic Information</b>	
Name : Telephone : Address : Proof of Identity : <input type="checkbox"/> ID/ ARC <input type="checkbox"/> NHI Card <input type="checkbox"/> Driving License <input type="checkbox"/> Passport <input type="checkbox"/> Other	
<b>Agent's basic information (when not applying in person)</b>	
Agent's Name : Agent's Home Address : Agent's Telephone : The relationship between the agent and the party : Proof of Relationship : <input type="checkbox"/> The Power of Attorney Proof of Identity : <input type="checkbox"/> ID/ ARC <input type="checkbox"/> NHI Card <input type="checkbox"/> Driving License <input type="checkbox"/> Passport <input type="checkbox"/> Other	
Signature of Applicant	( Signed by agent if not applying in person )
Remark	1. Inquiries, viewings, and copies must be responded to within 15 days from the date of acceptance, and an extension shall not exceed 15 days, and the reasons for the extension must be specified. 2. The parties shall be notified in writing of the reason for extending the deadline for addition, correction, deletion, or cessation of processing or utilization within 30 days of acceptance. 3. In cases where Articles 10 and 11 of the Personal Information Act are met, the application will be rejected and the reason will be provided. 4. Costs may be charged for inquiries, viewings, and requests for copies.
<b>Application Handling Situation (Filled out by Accepting Unit)</b>	
Extension of the reply period	<input type="checkbox"/> Response time is not extended <input type="checkbox"/> Response time is extended for ___ days. ( Reason : _____ )
Status of handling	<input type="checkbox"/> Approved <input type="checkbox"/> Denied , ( Reason : _____ )
Affirmation of Status	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
Comments	
Final Approval	