## **Application for Campus E-Information Service**

Reco No.:			Date : / /
Name		Unit	
Reason			
Item of System : □Campus E-Sy □Other :	ystem CJCU Sites D	Events Management Syst	tem
	unt Delete your Accour Scope of Authority	nt □Other informatio	n service
Your Signature :			
Signature for Your Unit Chief :			
<b>Do't fill in this area,th</b> Audit Result: □Agree Audit Commentary :	nis area is for Computer of the □Disagree	<u>Center.</u>	
Signature of Case Officer : Signature of Unit Chief :			
Estimated Date of Com	pletion:		

1. The personal information collected by this form is used for a specific purpose only, and will not be transferred without the consent of the parties. We will follow the rules for personal information preservation and safety control. For related notifications, please refer to our website http://www.cjcu.edu.tw/pims.

2. When you sign and submit this form, it means that you are aware of the specific purpose of collecting, processing, and using your personal information by CJCU.

3.Personal Data Protection Contact, Phone : 06-2785123#1022. Email: pims@mail.cjcu.edu.tw.