

Authorization and Release Form

I, (Name) _____,
born at (City) _____ (Province) _____ (Country) _____,
on (Date of Birth) _____, have applied to participate in the Japan
Exchange and Teaching (JET) Programme, and hereby authorise and request that any
law enforcement agency having control of any documents, records or other
information related to me, provides to the Embassy of Japan or the Consulate General
of Japan, at its request, any such information. I also allow the Embassy of Japan or the
Consulate General of Japan to make copies of these documents, records or other
information.

I hereby release, discharge, and exonerate the Embassy of Japan or the Consulate
General of Japan, its agents and representatives and any person who provides
information from any and all liability of every nature and kind arising from the
provision or inspection of such documents, records, and other information.

Signature of Applicant _____

Date _____

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