

Personal Information Processing Consent Form

I consent to the following items:

The identification card I hold is a named **electronic stored value card** issued as a result of a joint cooperation between NCCU and Easycard Corporation. It is in compliance with the Act Governing Issuance of Electronic Stored Value Cards. **Card holders enjoy special lost card and remaining balance return services.**

I agree to allow NCCU to provide my personal information, including name, national I.D. number, card external code, chip number, nationality, date of birth, mailing address, telephone number and name of school, to the Easycard Corporation for the purpose of providing lost card or related services. I understand and agree to abide by the Campus Identification Easycard Usage Directions.

Signature or seal _____

Date (yyyy/mm/dd): _____

I do not consent to providing the aforementioned personal information to the Easycard Corporation for the purpose of providing named card services, and I understand that the on-campus faculty ID card I will be issued will have no Easycard functions (including access for the MRT, bus etc.).

Signature or seal _____

Date (yyyy/mm/dd): _____