

## Authorisation 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 \_\_\_\_\_