

National Chiayi University File Secondment Application Form

Date of application :

Name	Unit	Job Title	Office Phone	
Applicant :				
※Agent : Relationship with Applicant : ()				
※Assessor : Relationship with Applicant : ()				
	Number	No. of total send and receive text	File name or content	Total pages
1				
2				
3				
4				
5				
The project of application : <input type="checkbox"/> reproduction <input type="checkbox"/> read,copy <input type="checkbox"/> Have the necessary by using the original file : ⊙main content : _____ ⊙Expected Return Date : _____ ⊙Notes : <input type="checkbox"/> Return Date : _____ <input type="checkbox"/> Continue to use (For reason) : _____				
Purpose of application : <input type="checkbox"/> Inquiry for individual or related person <input type="checkbox"/> Academic Research <input type="checkbox"/> News articles <input type="checkbox"/> For business reference <input type="checkbox"/> Others (For purpose) : _____				
Applicant (Agent) Sign :			Unit head Sign :	

Description :

1. ※Need to be filled, please, Other fields, please fill out complete.
2. Not the unit case need to check with host organization
3. Read, copy or duplicate the archives of the following acts shall not be doing :
 - (1) Add note, Alter, replace, distill, punctuate or defaced file.
 - (2) Break up the bound file.
 - (3) Otherwise damage to the contents of the file or change file content.

Save lives : 10 years

Form No. : 043-3-02-0201