***Southern Taiwan University of Science and Technology***

***Division of Counseling and Guidance***

**Application for Retrieving Guidance/Counseling Recordings**

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| --- | --- | --- | --- |
| Applicant Name |  | Gender | □Male□Female |
| Application Date |  / / (Y/M/D) | Phone No. | （ ） |
| ID No. |  | Mobile No. |  |
| Permanent Address |  |
| Correspondent Address |  |
| Department |  | Student ID. |  |
| Class Advisor |  | Date of Retrieving  |  |

 I fully understand and agree with the regulations of guidance/counseling records of Psychologists’ Act and Personal Information Protection Act. The recordings can only be retrieved by the client himself/herself. In order to confirm the applicant’s identity, I am willing to provide the copy of ID card or Health Insurance card etc.

 I will read the records in company with counselors inside the office of the division of counseling and guidance. Regarding that the records are for personal reading and reference only, please do not utilize the records for other purposes and do not take out or copy the records in any form (e.g. photocopied, photographed, or transcribed etc.). Please do not destroy the records.

 In order to improve the quality of counseling and guidance, I am willing to share my feeling, thoughts or suggestions for the counseling service to the counselors.

Signature of Applicant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ (Y/M/D)

Signature of Counselor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ (Y/M/D)

Signature of Counselor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ (Y/M/D)