

**THE JAPAN EXCHANGE AND TEACHING PROGRAM
2016 AUTHORIZATION AND RELEASE FORM**

**All JET Program applicants must sign, date, and return this statement.
Your application will be disqualified if you neglect to sign and
include this page with your application packet.**

I, (name) _____
born in (city) _____, (state) _____, (country) _____ on (date of
birth) _____, having applied to participate in the Japan Exchange
and Teaching Program, hereby authorize and request that all medical offices and every law
enforcement agency having control of any documents, records or other information pertaining to me,
furnish to the Embassy of Japan and/or Consulate General of Japan, at their request, any such
information and to permit the Embassy and/or Consulates General of Japan to make copies of such
documents, records or other information.

I hereby release, discharge, and exonerate the Embassy and/or Consulates General of Japan, its
agents and representatives and any person who furnishes information from any and all liabilities of
any nature and kind arising out of the furnishing or inspection of such documents, records, and other
information.

Applicant's Signature: _____ **Date:** _____