Certificate of Consent

To: Director General, Institute of Space and Astronautical Science,

Japan Aerospace Exploration Agency

I give our consent for the following employee of this institute to engage in research activities using the Inter-University Research System, in compliance with laws, regulations, and the rules and regulations of the Japan Aerospace Exploration Agency (hereinafter referred to as "JAXA").

This consent guarantees that the duty in which he/she engages is his/her main duty with us, however, will be resubmitted if there is a change of the department head. I understand that if the duty in which he/she engages continues beyond the fiscal year, this consent will remain effective for five years from the year of submission.

　I understand the employee below will receive the following benefits regarding Inter-University Research System from JAXA.

　　 ＊The Inter-University Research System Portal Site Account

　　 ＊Use of JAXA facilities and equipment provided for the Inter-University Research System that are necessary for participation in research activities

　　　＊(Issuance of) ID cards necessary to enter Sagamihara Campus and use the facilities, etc. described in the preceding paragraph

　　　＊Use of wireless LAN service on Sagamihara Campus

　　　＊Use of Sagamihara Campus Researcher Accommodations (ISAS LODGE）

　 (The following may be provided depending on the research activities he/she will engage.)

＊Travel expenses in Japan in accordance with JAXA regulations only when the JAXA

responsible party deems it necessary

　＊Use of JAXA flight object such as Sounding Rocket and Scientific Balloon for the Inter-University Research System

In addition, I understand that JAXA will require the employee below to attend necessary security training courses, and I promise to ensure that he/she returns his/her ID card to JAXA by its expiration date, which is no later than the end of the fiscal year.

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|  Name of Employee: |  |
|  Position: |  |
|  Department: |  |

Date (YYYY/MM/DD)： / /

Affiliation：

Title of Department Head：

Name of Department Head：

Signature：