

IT Access Confidentiality Acknowledgment Form

I acknowledge that as a user of IT systems and data, I may be provided access to confidential, privileged, or sensitive information. I understand and agree to the following:

- I will access and use information only as required by the responsibilities of my position.
- I will protect the confidentiality and security of IT systems and data at all times.
- I will not disclose any confidential or sensitive information to unauthorized individuals, inside or outside the organization.
- I will immediately report any known or suspected breach of information security to the appropriate authority.
- I understand that violation of these terms may result in disciplinary or legal action.

User Information

Full Name

Department/Unit

Email Address

Acknowledgment & Signature

Signature

Date