## **Confidentiality Agreement Acknowledgment Form**

| Employee Information   |
|--|
| Full Name  |
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| Employee ID  |
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| Department   |
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| Position/Title   |
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| Acknowledgment   |
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| I acknowledge that I have read, understood, and agree to abide by the terms and conditions of the          |
| Confidentiality Agreement as set forth by the company. I understand that unauthorized disclosure or use of |
| confidential information may result in disciplinary action, up to and including termination of employment. |
| Signature  |
| Signature  |
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|  |
| Date   |
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