

Sensitive Data Handling Declaration Form

Full Name

Position/Role

Department

Type(s) of Sensitive Data Accessed

Purpose for Accessing Data

Data Handling Methods

Data Storage Location(s)

Data Sharing (If any)

Data Retention Period

Declaration

I hereby declare that the information provided above is accurate and complete. I understand the importance of safeguarding sensitive data and agree to handle such information in accordance with relevant policies and regulations.

Signature

Date
