## **Cloud Storage Use Policy Acknowledgment Form**

Employee Information
Full Name
Department
Email Address
Policy Acknowledgment
By signing this form, you acknowledge that you have read, understood, and agree to comply with the organization's Cloud Storage Use Policy. Key points include, but are not limited to:
<ul> <li>Only use approved cloud storage services for work-related data.</li> <li>Do not store or share confidential or sensitive data without authorization.</li> <li>Use strong passwords and enable multi-factor authentication where available.</li> <li>Report any suspected security incidents or unauthorized access immediately.</li> </ul>
I have read and agree to the Cloud Storage Use Policy.
Signature
Signature
Date