

# Confidential Information Handling Policy Acknowledgment Form

## Employee Information

Full Name

Department

Position

## Policy Acknowledgment

I acknowledge that I have read, understand, and will comply with the organization's Confidential Information Handling Policy. I understand that unauthorized use or disclosure of confidential information may result in disciplinary action, up to and including termination of employment and possible legal action.

☐ I have read and agree to the above statement.

## Comments (Optional)

Date

Signature

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