

Cloud Storage Access Confidentiality Form

Employee Information

Full Name

Employee ID

Department

Cloud Access Details

Cloud Service(s) to be Accessed

Purpose of Access

Access Duration

Confidentiality Acknowledgment

I acknowledge that I have read and understood the company's confidentiality policy regarding access to cloud storage and agree to comply with all stated requirements and procedures.

(Type your full name below as your signature of acknowledgment)

Employee Signature

Date

Supervisor/Manager Signature

Date