

# Remote Access to Confidential Data Consent Form

This form is intended to obtain your consent to remotely access confidential data as part of your role and responsibilities. Please review the conditions below, complete all personal information fields, and provide your signature to indicate your understanding and agreement.

## Employee Information

Full Name

Position/Title

Department

Work Email

## Details of Remote Access

Type(s) of Confidential Data to be Accessed

Purpose of Access

Date(s) of Access

## Terms and Conditions

- I acknowledge that I have received, read, and understood all relevant information security and confidentiality policies.
- I will only use remote access for authorized work purposes.
- I will ensure that confidential data is not disclosed, shared, or transferred to unauthorized persons or devices.
- I will secure all devices and connections in accordance with company protocols.
- I agree to immediately report any suspected or actual data breach to my supervisor or the data protection officer.

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I have read, understood, and agree to the above conditions.

Employee Signature:

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Date:

Manager/Supervisor Signature:

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Date: