

# System Access Termination Policy Receipt Form

I acknowledge that I have read and understand the **System Access Termination Policy**. I recognize that upon termination of employment, contract, or assignment, all access to company systems, technologies, and data resources will be revoked in accordance with the company's Information Security Policy and associated procedures. I agree to comply with all requirements regarding the return or destruction of company property, credentials, and sensitive information.

Employee/Contractor Name

Position/Department

Manager/Supervisor Name

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I have received, read, and understood the System Access Termination Policy.

Employee/Contractor Signature

Date

Manager/Supervisor Signature

Date