

# Audit Records Retention Assurance Letter

Date: [Insert Date]

[Your Company Name]

[Your Company Address]

[City, State, Zip Code]

To Whom It May Concern,

We hereby confirm that our organization adheres to the policies and guidelines regarding the retention of audit records as stipulated in our governance framework. This encompasses the retention, storage, and safeguarding of all essential audit documentation for the prescribed duration.

We ensure that:

- Audit records are retained for a minimum period of [insert duration].
- All records are stored securely and access is restricted to authorized personnel.
- Regular reviews are conducted to ensure compliance with our retention policy.

Please feel free to contact us if you require any further details or clarification regarding our audit records retention practices.

Sincerely,

[Your Name]

[Your Title]

[Your Company Name]

[Your Contact Information]