

Audit Confidentiality Agreement

Date: [Insert Date]

To: [Insert Recipient's Name]

Position: [Insert Recipient's Position]

Institution: [Insert Institution Name]

Address: [Insert Address]

Dear [Insert Recipient's Name],

This letter serves as an agreement regarding the confidentiality of information shared during the auditing process for [Insert Institution Name]. As part of the audit, you may come across sensitive information related to the institution's operations, staff, and students.

By signing this agreement, you agree to maintain the confidentiality of all information accessed during the audit and will not disclose any such information to unauthorized individuals or parties without prior written consent from [Insert Institution Name]. Additionally, you will ensure that all documents and records are securely stored and only accessible to authorized personnel.

The confidentiality obligations shall survive the conclusion of the audit and remain in effect indefinitely.

Please sign and return a copy of this agreement to confirm your acceptance of the terms.

Thank you for your cooperation.

Sincerely,

[Your Name]

[Your Position]

[Institution Name]

[Your Contact Information]

Agreed and Accepted:

[Recipient's Name]

[Recipient's Position]

[Date]