

# Forensic Accounting Data Retention Policy

Date: [Insert Date]

To: [Recipient Name]

From: [Your Name]

Subject: Forensic Accounting Data Retention Policy

Dear [Recipient Name],

As part of our commitment to maintaining compliance with applicable laws and regulations, we are implementing a Forensic Accounting Data Retention Policy. This policy outlines the retention and disposal of financial records and forensic data relevant to our organization.

## Purpose

The purpose of this policy is to ensure that forensic accounting data is retained for an appropriate duration and disposed of securely, in accordance with legal, regulatory, and operational requirements.

## Policy Statement

All forensic accounting data will be retained for a minimum of [insert duration] years or as required by law. After this period, data will be securely deleted or destroyed. Exceptions to this policy must be documented and approved by management.

## Data Classification

Forensic accounting data will be classified into the following categories:

- Active Data
- Inactive Data
- Archived Data

## Retention Schedule

The following retention schedule applies:

Data Type	Retention Period
Financial Records	[Insert Duration]

Forensic Reports	[Insert Duration]
Audit Trails	[Insert Duration]

## **Enforcement**

This policy is enforced by [Insert Department/Position] and is subject to review and revisions as necessary.

Thank you for your attention to this important matter. Please feel free to reach out with any questions.

Sincerely,

[Your Name]

[Your Position]

[Your Contact Information]