

Secure Document Storage Consent Form

Date: _____

To: [Organization Name]

Address: [Organization Address]

Subject: Consent for Secure Document Storage

Dear [Recipient Name],

I, [Your Name], hereby consent to the storage of my documents by [Organization Name]. I understand that my documents will be stored securely and handled in accordance with applicable privacy laws and regulations.

I affirm that I am the owner of the documents listed below and that I have the right to authorize their storage:

- [Document Title 1]
- [Document Title 2]
- [Document Title 3]

I understand that I may withdraw my consent at any time by providing written notice to [Organization Name].

Thank you for handling my documents securely.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Contact Information]