

Secure Document Storage Policy Acknowledgment

Date: [Insert Date]

To: [Employee Name]

Position: [Employee Position]

Department: [Department Name]

Dear [Employee Name],

This letter serves to acknowledge your receipt and understanding of the company's Secure Document Storage Policy. Please be informed that it is your responsibility to handle all sensitive documents as per the outlined procedures to ensure confidentiality and data security.

By signing this acknowledgment, you confirm that you have read, understood, and will comply with the Secure Document Storage Policy. Failure to adhere to these guidelines may result in disciplinary action.

Please sign below:

Signature

Date: _____

Thank you for your cooperation.

Sincerely,

[Your Name]

[Your Position]

[Company Name]