

Confidential Document Authorization Form

This **confidential document authorization** form sample ensures secure and authorized access to sensitive information. It outlines the necessary permissions and responsibilities for individuals handling confidential materials. Using this template helps maintain compliance and protect privacy.

Document & Recipient Details

Document Title:

e.g., Q2 Financial Report

Document ID / Reference:

e.g., DOC-2024-112

Authorized Recipient Name:

Full Name

Recipient Email:

example@domain.com

Department / Unit:

e.g., HR, Finance

Date of Authorization:

Authorization Details

Permission Type	Granted (Yes/No)	Remarks
View		
Copy/Download		
Share		
Edit/Alter		
Print		

Purpose of Access

State why the document access is required

Responsibilities & Compliance

By signing below, I acknowledge my responsibility to maintain the confidentiality of the document(s) indicated above. I agree not to disclose, share, or misuse the information contained herein and understand that unauthorized use may subject me to disciplinary action and/or legal penalties as governed by organization policy and applicable laws.

Recipient Signature:

Full Name / Signature

Date:

Authorizing Officer Name:

Full Name

Signature:

Signature

Date: