TEXAS TECH UNIVERSITY
Cash & Credit Management Services™

Payment Card Industry – Data Security Standards (PCI DSS)

Policy Certification

Department: _____

Merchant Name: _____

Merchant Number (s): _____

☐ **I have read and understood the University's security policies published in Operating Policy 62.06**

☐ **I have successfully completed the PCI DSS Awareness Training in SumTotal**

Signature: _____ **Title:** _____

Printed Name: _____ **Date:** _____

Instructions:

1. Provide a Policy Certification form for each person who processes credit card transaction in your department.
2. Return completed forms to the Credit Card Operations office in Cash and Credit Management Services.
3. Contact Credit Card Operations with any questions.