

# Central Connecticut State University

## CCSU Payment Card Industry (PCI) Compliance Statement Form

Employee Name: \_\_\_\_\_

Department: \_\_\_\_\_

Terminal Location: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

I acknowledge that in the course of my duties I may have access to personally identifiable information and/or otherwise confidential data of customers of Central Connecticut State University through the processing of credit or debit card transactions. I understand that I will utilize this data solely for the purpose of transacting a credit or debit card payment. I will not retain this information personally or share it with anyone not having access rights.

I certify that I have read this procedure. I understand that failure to follow the procedures described therein, unauthorized disclosure of personally identifiable information, or any other abuse of my access rights is illegal and may be grounds for discipline, termination, and criminal prosecution.

---

Signature of Employee

Date

---

Signature of Supervisor

Date