Rowan University
Credit Card Processing Request Form
ROWAN UNIVERSITY
OFFICE OF THE BURSAR

By signing this document, I certify that I have read and agree to abide by all terms of the Rowan University PCI-DSS (Payment Card Industry Data Security Standards) Policy (https://go.rowan.edu/pci), and that upon approval to process credit card payments, I will take appropriate action necessary to ensure that all staff members who will be processing credit card payments abide by the terms of the Rowan University PCI-DSS Compliance Policy, complete the Rowan University PCI-DSS Compliance Training, as well as, all security awareness training that is required by IRT.

Department:

_____

Reason for request:

_____

_____

_____

Name of Person Initiating the Request (Please Print):

_____

Signature of Person Initiating the Request:

_____

Name of Department VP (Please Print):

_____

Signature of Department VP:

_____

All requests will be reviewed and ultimately approved or denied by the PCI Compliance Committee, which includes members from the Office of the Bursar and the Information Security Office. Forms can be submitted to bursar@rowan.edu.