

YSU PCI Compliance Training _____ (enter year training was conducted)
Responsible Party/Director
Return Certification Form

I certify that I have participated in the PCI Compliance Training:

Name _____

Signature _____ Date Viewed _____

I certify that all staff/employees in my department that are involved in similar transactions viewed the training and completed a certification form which is maintained in my department.

Name _____

Signature _____ Date _____

I certify that the activities of the following service provider (s) utilized in our department are conducted in accordance with reasonable policies and procedures to detect, prevent and mitigate the risk of identity theft.

Service Provider _____

Services Provided _____

Name _____

Signature _____ Date _____

Please return **ORIGINAL** signed form to Gloria Kobus, University Bursar, Room 227, Meshel Hall.