



University of Pennsylvania Payment Card Data Security Confidentiality / Non-Disclosure Statement

As a member of the staff of the University of Pennsylvania, I may be provided with access to personal, proprietary, and/or otherwise confidential data. This can include credit card data and other confidential data from students, faculty, staff or other person's for which Penn provides service.

As an individual whose position requires interaction with credit cards and credit card data, I may be provided with direct access to confidential and valuable data in paper and electronic form. In the interest of maintaining the integrity of these systems and processes and to ensure the security and proper use of University resources, I will:

- Maintain the confidentiality of my password for all systems to which I have access.
- Maintain in strictest confidence the credit card data to which I have access. Any confidential information must not be shared in any manner with others who are unauthorized to view such data.
- Use my access to the University's systems for the sole purpose of transaction processing related to the official business of the University. Understand that the use of these systems and their data for personal purposes is prohibited.
- Ensure that such data is shredded or otherwise disposed of in a secure and complete fashion.
- Understand that any abuse of access to the University's systems and their data, any illegal use or copying of software or any misuse of the University's equipment may result in disciplinary action, loss of access to the University's systems, and possible sanctions consistent with the University Policy on Adherence to University Policy.

I understand that I am bound by all applicable university policies. I have read, understand and agree to abide by the following University of Pennsylvania Policies:

- [Credit Card Processing Overview](#)
- [PCI Compliance Policy](#)
- [Incident Response Policy](#)
- [Computer Security Policy](#)

Name: _____ Sch/Ctr: _____

PennID: _____ ORG/Department: _____

Email Address: _____ Phone: _____

Signature: _____ Date: _____

Signature of Senior Business Officer or merchant account owner stating that they have provided the above signed individual with copies of the three policies referenced above and has discussed the university's position on confidentiality of sensitive information.

Name: _____ Title: _____

Signature: _____ Date: _____