



# PCI DSS Attestation Form

Date: (Month dd, yyyy)

## Revision History

Name	Date	Description of Change	Version Number
Kyle Smith	3/4/2019	Document Creation	0.01
Kyle Smith	3/19/2019	Document Approved and Loaded to DocuSign	1.00
Kyle Smith	4/23/2019	Document Updated to Include User List and Other Features	2.00
Kyle smith	6/16/2020	Added User Type to User List for ease of reporting to HCM.	3.00

## Overview

This form has been issued by the Georgia Institute of Technology Cybersecurity Governance, Risk, and Compliance (GRC) team to document attestations of credit card processing procedures by Georgia Tech entities.

Questions about this form may be referred to [compliance@security.gatech.edu](mailto:compliance@security.gatech.edu).

The Credit Card Processing Policy provides requirements and guidance for all credit card processing activities for the Georgia Institute of Technology (Georgia Tech). This policy preempts all other campus policies and procedures for all elements within the scope of this policy. This policy can be found [here](#).

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## GT Unit Summary

Please complete the information below.

<b>GT Unit DBA Name</b>		
<b>Merchant Number</b>		
<b>Unit Point of Contact #1</b>		Email:
<b>Unit Point of Contact #2</b>		Email:
<b>Physical Location(s)</b>		
<b>Unit IT Contact</b>		

## User List

Please list all users that are involved with processing cardholder data for the GT Unit.

Full Name	GT Username	Departmental Email	User Type	Training Completed
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>



## Confirmation

I attest that the above information is true and accurate to the best of my knowledge.

<b>GT Unit Point of Contact (printed):</b>	_____
<b>GT Unit Point of Contact (signature):</b>	_____
<b>Approval Date:</b>	_____

*Attestation is valid for one year after the date that GT Unit Point of Contact signs the document.*

END OF DOCUMENT