



**Office of University Bursar**  
 800 Washington St SW (0143)  
 Student Services Building, Suite 150  
 Blacksburg, Virginia 24061  
 P: (540) 231-6277 F: (540) 231-3238  
 bursar@vt.edu

## Payment Card Acceptance - Exception Form

*Return completed form and required documentation to the Office of the University Bursar, attention Becky Ford, MC 0143, or through email at [paymentcards@vt.edu](mailto:paymentcards@vt.edu). Contact Becky Ford at 540-231-6277, or [huffmanb@vt.edu](mailto:huffmanb@vt.edu) if you require additional assistance.*

Department Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Department/Division Head \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Fiscal Contact Person \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

IT Contact Person \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

**Please provide the following checklist items and complete the following questionnaire:**

- Identification and position description of the employee(s) charged with full PCI DSS compliance
- Copy of Third Party Contract – existing or pending
- Copy of system implementation guides
- Copy of PCI Certificate and/or appropriate certification from Third Party Vendor (include a copy of the most recent vendor’s Attestation of Compliance & last four quarters’ Attestation of Scan Compliance)
- Copy of departmental credit card policies and procedures
- Credit card incident response plans
- Detailed data flow chart
- Network diagram(s)
- Data retention and disposal procedures



6. What is the name of the Payment Application the Vendor is providing for you?

7. Does the payment application use a separate payment gateway?

Yes  No

If yes, what is the name of the gateway?

Does the payment gateway require a separate contract? If yes, has the contract been submitted, reviewed and approved/signed by Legal Counsel? Please provide a copy of the contract.

8. Will any cardholder data pass through a University server?

Yes  No  N/A, explain:

Please provide the IP address(es) that need to be scanned:

9. Does the department require assistance from the IT Security Office to complete a quarterly internal network vulnerability scan? If not, what software will the department use for internal network scans?

10. Is cardholder data (CHD) and/or other sensitive data stored on a University server or the Third Party server?

University server  Third Party server  CHD not stored on any server

Please provide a data flow chart that shows information pass through and storage.

11. Please describe your implementation timeline and indicate any business-critical dates.

12. Does the new system replace any existing systems or processes?

13. Is the Third Party Vendor(s) and/or Payment application(s) PCI DSS Compliant?  
(Please attach PCI DSS Compliance Certificate as described on page 1)

Yes       No       N/A, explain:

Note: The OUB may decline the exception request if the Third Party Vendor is not PCI DSS Compliant as required by University Policy 3610 and the PCI DSS.

14. Is this an existing program or system in your department?

Yes     No

If yes, is payment card acceptance an additional feature that requires a contract addendum?

Yes     No

If yes, who signed the contract and/or addendum: \_\_\_\_\_

Date: \_\_\_\_\_

15. If this is a new contract, has it been reviewed by Legal Counsel?

Yes     No     In Process     Not Applicable

Who will sign the contract?

**16. Will you be accepting donations?**

Yes    No

**If yes, will the donor information be stored on a University system? Please provide a list of the information you will be collecting and/or storing.**

**Information to be collected and/or stored:**

Contact Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
PRINT

Dept. Head Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
PRINT



For Office of the University Bursar Use Only

# Exception Request Authorization

Date Received \_\_\_\_\_

Approved       Declined

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Lauren Lawson, University Bursar

Explanation and/or Condition:

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Decision Notification Date: \_\_\_\_\_

Decision letter attached