



Finance & Accounting Credit Card Security Ethics Certification

I confirm that acting as an employee or agent of the University of Central Florida, I will keep in strictest confidence all credit card information to which I have access in a manner above reproach in every respect.

I understand that access to credit card information requires the highest degree of public trust to protect the interest of the University and the cardholders.

I understand that it shall be a breach of ethical standards for any employee of the University or third party with access to credit cardholder's personal information to divulge either directly or indirectly, any cardholder information except on a need-to-know basis. Accordingly, I agree not to release any personal or privileged information of any type without proper authorization from the director, associate director, manager or an appropriate supervisor.

I will strive to protect the University and cardholders at all times when making decisions concerning credit cards and cardholder information.

I certify that I have read the Credit Card Security Policy available at <http://policies.ucf.edu/> and will abide by its guidelines.

I understand that failure to comply with the above ethics standards may result in criminal and/or disciplinary action, up to and including termination.

Printed Full Name: _____

Signature: _____

Employee ID/Student ID (If Applicable): _____

University Department/DSO: _____

Date: _____

This section is to be completed by the DDC or Merchant Administrator

I certify the background check on the above has been completed on (Date): _____

Print DDC or Merchant Administrator Name: _____

DDC or Merchant Administrator Signature: _____

PLEASE EMAIL THIS COMPLETED FORM

TO: FAMERCHSUP@UCF.EDU, SUBJECT: CC ETHICS FORM