PCI ONLINE TRAINING REQUEST FORM

Contact Name:	**Contact Email:**
Merchant Number(s):	**Merchant Name(s):**

To participate in this **required** training, provide the names, email addresses, and PIDs of the staff members in your department who have access to ClientLine, TouchNet, provide IT support, interact with cardholders, reconcile credit card deposits, and manage the credit card process. This includes accountants, volunteers, student workers, part-time employees, IT staff members, etc. They will be sent an email from donotreply@lawroom.com with a link to the PCI and ITS Security Assessment. If you have questions please email certifi@unc.edu.

First Name	Last Name	PID	E-Mail