# Applicable policies and procedures

TTUHSC El Paso Operating Policy 50.37, Payment Card Processing by TTUHSC El Paso Departments

TTUHSC El Paso Operating Policy 56.01, Use of Information Technology

# Routing Instructions

Please route this request in the following order for proper processing. Addresses are provided below.

**Requesting Department**

 **Requesting Department**

**NOTE: TTUHSC El Paso Institutional Compliance must also approve eCommerce requests related to any activity that involves patients or patient information.**

**Requesting Department**

**TTUHSC El Paso IT Division Academic Technology**

Rosie Sanchez

Managing Director

Rosie.sanchez@ttuhsc.edu

915-215-4022

**TTUHSC El Paso Information Security Officer**

Ron Graham

Assistant Vice President

ron.graham@ttuhsc.edu

915-215-4040

**TTUHSC El Paso Accounting Services**

Accounting Services

accountingelp@ttuhsc.edu

Edith Solorzano

Financial Analyst II

915-215-5816

Octavio Bustillos

Associate Managing Director

915-215-4211

**TTUHSC El Paso Technology Services**

Jerry Rodriguez

Associate Vice President

Jerry.Rodriguez@ttuhsc.edu

915-215-4047

**TTUHSC El Paso Institutional Compliance Office**

**(If applicable)**

Yvette Quintanachavez

Associate Managing Director

Yvette.QuintanaChavez@ttuhsc.edu

915-215-4456

# Request Form

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

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

Merchant ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description of business activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Reason and/or justification for requesting exemption from standardized eCommerce payment card processing method:

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Note: Proof of PCI DSS compliance from the vendor or other credible source should be submitted with this request.

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Requester (sign above) Date Phone Email

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Department Head Approval Date Phone Email

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Director of Accounting Services Approval Date

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Vice President for Information Technology & CIO or Date

Assistant Vice President for Information Services Approval

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Institutional Security Officer Approval (if applicable\*) Date

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Institutional Compliance Approval (if applicable\*) Date

**\*TTUHSC El Paso Institutional Compliance approval only required if eCommerce request is related to any activity that involves patients or patient information.**