



# Clear Role Designation Form

to pci@odu.edu

Please email the completed document

Name:

Date:

Merchant Name:

Merchants – designate staff as either a Clear Manager or Employee

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Approved merchant(s):

Full Employee Name	UIN	Email Address	Removal Date	Change
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>

The department agrees to notify the PCI Compliance Specialist if the department is collecting/submitting items

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\_\_\_\_\_

Date:

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