|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Device Start Date** | **Device Type (Access to card environment)** | **Location** | | **Serial #** | |  | **Model** | **Software Version** | **MAC Address** | **Assigned User Title/Name** |
| <Date device put in place> | <POS Terminal> | < Building / Room/Jack> | | <SR Number> | |  | <Model number> | <Software Version> | N/A | <Title> |
| <Date device put in place> | <computer> | < Building / Room/Jack> | | <SR Number> | |  | <Model number> | <Software Version> | <MAC> | <Title> |
| <Date device put in place> | <Smartphone> | < Building / Room/Jack> | | <SR Number> | |  | <Model number> | <Software Version> | <MAC> | <Title> |
| <Date device put in place> | <iPad, Netbook> | < Building / Room/Jack> | | <SR Number> | |  | <Model number> | <Software Version> | <MAC> | <Title> |
| <Date device put in place> | <Laptop> | < Building / Room/Jack> | | <SR Number> | |  | <Model number> | <Software Version> | <MAC> | <Title> |
|  | **Reviewer Name** | | **Date** | | **Brief Description for Change Log/Annual Review** | | | | | | |
|  | <Reviewer Name> | | <Date> | | <Annual PCI Review> | | | | | | |

**Please complete, sign, and return to:**

Bursar’s Office Assigned User (Print name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

California State University Sacramento

6000 J Street Mail Stop 6052 Lassen Hall 1001 Responsible Administrator (Print name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sacramento, CA 95819

Responsible Administrator Signature (Wet only)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

916-278-6736 or [bursar@csus.edu](mailto:xxxxx@csus.edu)

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_