



REQUEST FOR ID BADGE

Please complete the **Badge Request Form** and provide a **PASSPORT-QUALITY photo and email it to Carolyn Poag, Security, crwitt@regionalonehealth.org.**

Badge requests received by **June 16th** will be ready for pickup at orientation. Badge requests received past the deadline will be delivered in bulk to the GME office prior to July 1st. Please do not show up at Security during the week of orientation.

Regional One Health Security Office, which is located on the 1st floor of the Chandler Building near the cafeteria. Office hours are Monday – Friday, 9-11am and 1-3pm. The phone number is 545-7700.

► Note: a fee of \$10 will be charged for lost or damaged badges.

Date of request: _____

Indicate type of badge requested:

Student **Resident** **Fellow**

Name: **(Please Print)**

Last	First	M.I.

	YES <input type="checkbox"/>	NO <input type="checkbox"/>
School	Photo submitted with request	

Phone Number	Date of Birth	SSN Last 4

Applicant Signature

Security Signature

Badge Proxy _____	Meal Allowance # _____
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