



First name: \_\_\_\_\_ E#: \_\_\_\_\_

Last name: \_\_\_\_\_ Email: \_\_\_\_\_

Role/Area of Study

Choose one below

- Medical Student
- Fellow (Physician)
- Resident (Physician)
- Fellow (Pharmacy)
- Resident (Pharmacy)
- Resident (PT)
- Student Pharmacist
- Radiologic Sciences
- Cardiopulmonary Science
- Dental Hygiene
- Dietetic Intern
- Social Work
- Speech-Language Pathology
- Audiology
- Public Health
- Physical Therapy
- Nursing
- Psychology
- Pre-Med
- Medical Horizons
- Other: \_\_\_\_\_

Payment & Delivery Information

Each badge costs \$8 and is to be paid by either the department or the individual receiving the badge prior to printing. The price for a duplicate or replacement badge is \$21.90.

Will the department be charged for the badge(s)?  Yes  No

Is this badge a replacement?  Yes  No

Department account code to charge: \_\_\_\_\_

By providing an account code, you agree to allow Campus ID Services to withdraw the total amount from the account provided during the next billing cycle.

Delivery Method:  Pickup  Campus Box # \_\_\_\_\_

This section must be completed by supervisor. Signature indicates approval of request.

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

Title: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Office Use Only

Initial: \_\_\_\_\_

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