



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, Respiratory Therapy, 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 \$10 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 \$27.38.

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: \_\_\_\_\_