



## Photo ID Badge Request Form – UNC School of Medicine

- Forms must be completed and signed by the Department Head/Chair, or Authorized Designee.
- Badge requests must be emailed by the Department Authorized Designee to [photoidbadge@med.unc.edu](mailto:photoidbadge@med.unc.edu).

### \*REQUIRED INFORMATION

\* Are you a (please check ONE):  UNC Hospitals Employee  SOM Employee  UNC Employee  
 Contractor/Vendor  Temporary  Visiting Resident/Scholar  
 SOM Student  Other UNC Student

\*1. Do you have an existing Hospital Photo ID?  YES  NO Do you have an existing Medical School Photo ID?  YES  NO

\*2. PID Number \_\_\_\_\_ Email Address \_\_\_\_\_

\*3. Legal Name: Last \_\_\_\_\_ First \_\_\_\_\_ Initial \_\_\_\_\_

\*4. Name to be Printed on ID \_\_\_\_\_ Credentials (only one) \_\_\_\_\_

5. Title/Position printed on ID (optional) \_\_\_\_\_

\*6. Department Name printed on ID \_\_\_\_\_

\*7. Company Name (If Contractor/Vendor) \_\_\_\_\_

\*\*\* For DCM access, contact [dcmfacilityaccess@unc.edu](mailto:dcmfacilityaccess@unc.edu), 919-962-5335.

\*\*\* For Hospital access, contact UNC Hospital Card Access Control, [cardcont@unchealth.unc.edu](mailto:cardcont@unchealth.unc.edu).

### Place a check next to the School of Medicine Building to which you are requesting access:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> AHEC Building (Floor:____)   | <input type="checkbox"/> CIDD                          | <input type="checkbox"/> Medical Biomolecular Res. Bldg. |
| <input type="checkbox"/> Bioinformatics (Floor:____)  | <input type="checkbox"/> Genetic Medicine (Floor:____) | <input type="checkbox"/> Neuroscience Research Bldg.     |
| <input type="checkbox"/> Bondurant Hall (Floor:____)  | <input type="checkbox"/> Glaxo Building                | <input type="checkbox"/> Houpt POB (Floor:____)          |
| <input checked="" type="checkbox"/> Brinkhous-Bullitt | <input type="checkbox"/> Lineberger Cancer Center      | <input type="checkbox"/> Roper Hall (Floor:____)         |
| <input type="checkbox"/> Building 52                  | <input type="checkbox"/> MacNider Hall                 | <input type="checkbox"/> TEACCH                          |
| <input type="checkbox"/> Building B                   | <input type="checkbox"/> Marsico (Floor:____)          | <input type="checkbox"/> Thurston-Bowles Bldg.           |
| <input type="checkbox"/> Burnett-Womack (Floor:____)  | <input type="checkbox"/> Mary Ellen Jones (Floor:____) | <input type="checkbox"/> Thurston Arthritis Center       |
| <input type="checkbox"/> Carolina Crossing (____)     | <input type="checkbox"/> Med School Wing: _____        | <input type="checkbox"/> Taylor Hall                     |

Special Requests: Access to Microscopy Services Laboratory, room B-05 Brinkhous-Bullitt

\*Delivery Option:  Department Lockbox # \_\_\_\_\_ OR  USPS (allow 2-week lead time; include recipient mailing address)

Access Levels Given (Completed by Photo ID Office):

\* \_\_\_\_\_  
Signature: Department Head, Chair, or Designee                      Date                      Phone

\* \_\_\_\_\_  
Print Name and Title