



Photo ID Badge Request Form

REQUIRED INFORMATION

Please complete form in its entirety and submit to your Department Head/Chairman or a Designee.

Forms must be emailed to the Photo ID Office by Department Head/Designee.

Paper forms brought in will not be accepted.

You must show a current picture I.D. when you come in to receive a badge.

INCOMPLETE FORMS WILL NOT BE PROCESSED

- * Are you a (please check ONE): UNC Hospitals Employee UNC Employee Temporary
 Contractor/Vendor Other Visiting Resident/Scholar
- *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. Department Number _____ Total State Service Date _____ DOB _____
8. Driver's License Number _____ State Issued _____
- *9. Company Name (If Contractor/Vendor) _____

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"/> Berryhill Hall | <input type="checkbox"/> Genetic Medicine (Floor: _____) | <input type="checkbox"/> Neuroscience Research Bldg |
| <input type="checkbox"/> Bioinformatics (Floor: _____) | <input type="checkbox"/> Glaxo Building | <input type="checkbox"/> Physician's Office Bldg (Floor: _____) |
| <input type="checkbox"/> Bondurant Hall (Floor: _____) | <input type="checkbox"/> Hospital Access | <input type="checkbox"/> Taylor Hall |
| <input type="checkbox"/> Brinkhous-Bullitt | <input type="checkbox"/> Lineberger Cancer Center | <input type="checkbox"/> TEACH Building |
| <input type="checkbox"/> Building 52 | <input type="checkbox"/> MacNider Hall | <input type="checkbox"/> Thurston-Bowles Bldg. |
| <input type="checkbox"/> Building B | <input type="checkbox"/> Marsico (Floor: _____) | <input type="checkbox"/> Thurston Arthritic Center |
| <input type="checkbox"/> Burnett-Womack (Floor: _____) | <input type="checkbox"/> Mary Ellen Jones (Floor: _____) | |
| <input type="checkbox"/> Carolina Crossing (_____) | <input type="checkbox"/> Med School Wing : _____ | |

Special Requests: _____

Access Level(s) Given (Completed by Photo ID Office): _____

* _____
Signature of Department Head, Chairman or Designee Date Phone