



Photo ID Badge Request Form – UNC School of Medicine

REQUIRED INFORMATION

Please complete form in its entirety and submit to your Department Head/Chair, or Authorized Designee.

- Forms must be emailed by Department Head/Chair, or Authorized Designee.
- Paper forms 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"/> Med School Wing: _____ |
| <input type="checkbox"/> Bioinformatics (Floor:____) | <input type="checkbox"/> Genetic Medicine (Floor:____) | <input type="checkbox"/> Medical Biomolecular Res. Bldg. |
| <input type="checkbox"/> Bondurant Hall (Floor:____) | <input type="checkbox"/> Glaxo Building | <input type="checkbox"/> Neuroscience Research Bldg. |
| <input type="checkbox"/> Brinkhous-Bullitt | <input type="checkbox"/> Hospital Access | <input type="checkbox"/> Houpt POB (Floor:____) |
| <input type="checkbox"/> Building 52 | <input type="checkbox"/> Lineberger Cancer Center | <input type="checkbox"/> Taylor Hall |
| <input type="checkbox"/> Building B | <input type="checkbox"/> MacNider Hall | <input type="checkbox"/> TEACCH Building |
| <input type="checkbox"/> Burnett-Womack (Floor:____) | <input type="checkbox"/> Marsico (Floor:____) | <input type="checkbox"/> Thurston-Bowles Bldg. |
| <input type="checkbox"/> Carolina Crossing (_____) | <input type="checkbox"/> Mary Ellen Jones (Floor:____) | <input type="checkbox"/> Thurston Arthritic Center |

*Lab access is separate from Floor access. Please direct DCM access requests to alyssia@email.unc.edu, 919-962-5335.

Special Requests:

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

*CDME Designation: Primary Secondary Primary On-Site Backup On-Site

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

* _____
Signature: Department Head, Chair, or Designee Date Phone

* _____
Print Name and Title