



## 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) \_\_\_\_\_

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\*\*\* 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"/> Houpert POB (Floor: _____)
<input 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:

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\*Delivery Option:  Dept. Lockbox # \_\_\_\_\_; OR  Walk-in Pick Up M-F, 9am-1pm; OR  USPS (allow 2-week lead time)

Access Levels Given (Completed by Photo ID Office):

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<b>Signature:</b> Department Head, Chair, or Designee	<b>Date</b>	<b>Phone</b>
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**Print Name and Title**