



**SCHOOL OF
MEDICINE**

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.

*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, 919-962-5335.

*** For Hospital access, contact UNC Hospital Card Access Control, 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 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: _____

*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): _____

*

Signature: Department Head, Chair, or Designee

Date

Phone

*

Print Name and Title