



First name: _____ E#: _____

Last name: _____ Email: _____

Role/Area of Study

Choose one below

- Medical Student, Fellow (Physician), Resident (Physician), Fellow (Pharmacy), Resident (Pharmacy), Resident (PT), Student Pharmacist, Radiologic Sciences, Respiratory Therapy, Dental Hygiene, Dietetic Intern, Social Work, Speech-Language Pathology, Audiology, Public Health, Physical Therapy, Nursing, Psychology, Pre-Med, Medical Horizons, Other.

Payment & Delivery Information

Each badge costs \$10 and is to be paid by either the department or the individual receiving the badge prior to printing. The price for a duplicate or replacement badge is \$27.38.

Will the department be charged for the badge(s)? [] Yes [] No

Is this badge a replacement? [] Yes [] No

Department account code to charge: _____

By providing an account code, you agree to allow Campus ID Services to withdraw the total amount from the account provided during the next billing cycle.

Delivery Method: [] Pickup [] Campus Box # _____

This section must be completed by supervisor. Signature indicates approval of request.

Name: _____

Title: _____

Department: _____

Phone: _____

Signature: _____

Date: _____

Office Use Only

Initial: _____

Date: _____