

Froedtert Hospital

STUDENT REQUEST FOR ID CARD

APPLYING FOR: ___ ID / ACCESS CARD **X** ID CARD ONLY ___ ACCESS CHANGE

PRINT ALL INFORMATION LEGIBLY

Cell # _____

Name: _____ PH/Ext _____

Dept. / Unit: _____ Current Clinical Placement Start Date: _____

Title: **Froedtert Hospital Student** Current Clinical Placement End Date: _____

Employed By: STUDENT Sponsoring School: _____

Vehicle Info: 1) Make: _____ 2) Make: _____
 **Required
 Model: _____ Model: _____
 Plate: _____ Plate: _____
 State: _____ State: _____

*****No Access*****

- I understand I am required to pay \$5 (non-refundable) before I receive an ID card.
- I understand I must return the ID card to the Security Badging Office when my current clinical rotation is complete at Froedtert Hospital.
- I understand if I lose or damage the ID card, I am required to replace this card and pay an additional \$20.00 (non-refundable) before a replacement card will be issued.
- I understand parking in areas other than my assigned location may result in termination of my clinical experience at Froedtert Hospital.

Student Signature: _____ Date: _____

*** FOR OFFICE USE ONLY**

Parking assigned to: Parking Structure 6

Payment Amount: _____ Type: _____

Security Signature _____