Froedtert Hospital

STUDENT REQUEST FOR ID CARD

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

PRINT ALL INFORMATION LEGIBLY

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: __________

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* FOR OFFICE USE ONLY *

Parking assigned to: □ Parking Structure 6

Payment Amount: __________ Type: __________

Security Signature ____________________________________________

11/2020