



## Photo ID Badge Request Form – UNC School of Medicine

**\*REQUIRED INFORMATION\***

**Please complete form in its entirety and submit to your Department Head/Chair, or Authorized Designee.**

- **Forms must be emailed by Department Head/Chair, or Authorized Designee.**
- **Paper forms will not be accepted.**
- **You must show a current picture I.D. when you come in to receive a badge.**

**INCOMPLETE FORMS WILL NOT BE PROCESSED**

\* Are you a (please check ONE):  UNC Hospitals Employee  UNC Employee  Temporary  
 Contractor/Vendor  Other  Visiting Resident/Scholar

\*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. Department Number \_\_\_\_\_ Total State Service Date \_\_\_\_\_ DOB \_\_\_\_\_

8. Driver's License Number \_\_\_\_\_ State Issued \_\_\_\_\_

\*9. Company Name (If Contractor/Vendor) \_\_\_\_\_

**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"/> Med School Wing: _____          |
| <input type="checkbox"/> Bioinformatics (Floor:____)  | <input type="checkbox"/> Genetic Medicine (Floor:____)       | <input type="checkbox"/> Medical Biomolecular Res. Bldg. |
| <input type="checkbox"/> Bondurant Hall (Floor:____)  | <input type="checkbox"/> Glaxo Building                      | <input type="checkbox"/> Neuroscience Research Bldg.     |
| <input checked="" type="checkbox"/> Brinkhous-Bullitt | <input type="checkbox"/> Hospital Access                     | <input type="checkbox"/> Houpt POB (Floor:____)          |
| <input type="checkbox"/> Building 52                  | <input checked="" type="checkbox"/> Lineberger Cancer Center | <input type="checkbox"/> Taylor Hall                     |
| <input type="checkbox"/> Building B                   | <input type="checkbox"/> MacNider Hall                       | <input type="checkbox"/> TEACCH Building                 |
| <input type="checkbox"/> Burnett-Womack (Floor:____)  | <input type="checkbox"/> Marsico (Floor:____)                | <input type="checkbox"/> Thurston-Bowles Bldg.           |
| <input type="checkbox"/> Carolina Crossing ( _____)   | <input type="checkbox"/> Mary Ellen Jones (Floor:____)       | <input type="checkbox"/> Thurston Arthritic Center       |

\*Lab access is separate from Floor access. Please direct DCM access requests to [alyssia@email.unc.edu](mailto:alyssia@email.unc.edu), 919-962-5335.

Special Requests: Access to Microscopy Services Laboratory, room B-05 Brinkhous-Bullitt

\*Delivery Option:  Department Lockbox, # \_\_\_\_\_  USPS (allow 2-week lead time; include recipient mailing address)

\*CDME Designation:  Primary  Secondary  Primary On-Site  Backup On-Site

Access Level(s) Given (**Completed by Photo ID Office**):

\* \_\_\_\_\_  
Signature: Department Head, Chair, or Designee Date Phone

\* \_\_\_\_\_  
Print Name and Title