

First name: _____ E#: _____

Last name: _____ Email: _____

Role/Area of Study

Choose one below

- | | |
|--|--|
| <input type="checkbox"/> Medical Student | <input type="checkbox"/> Social Work |
| <input type="checkbox"/> Fellow (Physician) | <input type="checkbox"/> Speech-Language Pathology |
| <input type="checkbox"/> Resident (Physician) | <input type="checkbox"/> Audiology |
| <input type="checkbox"/> Fellow (Pharmacy) | <input type="checkbox"/> Public Health |
| <input type="checkbox"/> Resident (Pharmacy) | <input type="checkbox"/> Physical Therapy |
| <input type="checkbox"/> Resident (PT) | <input type="checkbox"/> Nursing |
| <input type="checkbox"/> Student Pharmacist | <input type="checkbox"/> Psychology |
| <input type="checkbox"/> Radiologic Sciences | <input type="checkbox"/> Pre-Med |
| <input type="checkbox"/> Cardiopulmonary Science | <input type="checkbox"/> Medical Horizons |
| <input type="checkbox"/> Dental Hygiene | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Nutrition | |

Payment & Delivery Information

Each badge costs \$5 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 \$16.43.

Will the department be charged for the badge(s)? ☐ Yes ☐ NoIs 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: ☐ Pick-Up ☐ 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: _____