

### ID Badge Information Form

Please Print Clearly:

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Department: \_\_\_\_\_

Employee ID Number: \_\_\_\_\_

Issue Type: \_\_\_ New            \_\_\_ Replacement            \_\_\_ Special

\*\* A \$5 replacement fee will be assessed for all lost cards.

Date: \_\_\_\_\_

Signature of Employee: \_\_\_\_\_

Department Head: \_\_\_\_\_

EMA USE:

Picture Taken: \_\_\_\_\_ Badge Issued: \_\_\_\_\_

\*\* A copy of this form will be kept with Employee file and department employee file.