

Identification Badge for <u>STUDENTS & CONTRACTORS</u>

Date:/	/	School / Agency:		
Last Name:		First Name:	Middle Int:	
Department: _		Job Title:		
Extension:		Signature:		
Vehicle Year:	Make:	Model:	Plate:	
Badge #:		Security Signature:		

ID BADGES MUST BE WORN ABOVE THE WAIST WITH
THE NAME AND PHOTO VISIBLE AT ALL TIMES.
EMBROIDERED NAMES ON LAB COATS ARE NOT AN ACCEPTABLE
ALTERNATIVE TO AN IDENTIFICATION BADGE.

NO ITEMS ARE TO BE ATTACHED ON OR THROUGH THE ID BADGE AT ANY TIME.

I FURTHER UNDERSTAND THAT THIS IDENTIFICATION BADGE IS THE SOLE PROPERTY OF KAISER PERMANENTE MEDICAL CENTER AND MUST BE RETURNED TO THE SECURITY DEPARTMENT UPON DISMISSAL OR AT THE REQUEST OF MANAGEMENT