



KAISER PERMANENTE

RIVERSIDE MEDICAL CENTER

Identification Badge Information Sheet

ID BADGE AUTHORIZATION FORM

PLEASE PRINT LEGIBLY

STUDENT _____

LAST NAME: _____

FIRST NAME: _____

JOB TITLE: _____

DEPARTMENT: _____

LOCATION: _____

*In order to receive your employee badge, this form must be filled out as completely as possible. The Badging Office in Riverside is located in the Lower Level of Medical Office Building 2. Hours are 8:30am-12pm and 1pm-5pm, Monday-Friday.

DEPARTMENT OF EDUCATION
EXT. 3657

Date _____