

Kaiser Permanente Identification Badge Request

Woodland Hills Medical Center

Date: _____ / _____ / _____ School: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Job Title: Student Clinical Instructor

Department: Staff Education

VEHICLE INFORMATION

Year: _____ Make: _____ Model: _____ Plate: _____

IDENTIFICATION 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 ID BADGE. NO ITEMS ARE TO BE ATTACHED ON OR THROUGH THE BADGE AT ANYTIME.

I FURTHER UNDERSTAND THAT THIS IDENTIFICATION BADGE IS THE PROPERTY OF THE KAISER PERMANENTE MEDICAL CENTER AND **MUST BE RETURNED TO: STAFF EDUCATION DEPARTMENT** UPON COMPLETION OF ROTATION OR AT THE REQUEST OF MANAGEMENT

Signature: _____ Date: _____

I hereby acknowledge that I have received a Kaiser Permanente I.D. Badge on the date written above.



AUTHORIZATION

Academic Liaison's Name: _____ Title: _____ Extension: _____

Signature: _____ Date: _____
I hereby acknowledge that I have verified the identity of the Kaiser ID Badge applicant listed above using a photo ID.

Security Signature: _____ Date: _____
I hereby acknowledge that I have verified the identity of the Kaiser ID Badge applicant listed above using a photo ID.