

# ACCESS IDENTIFICATION BADGE & PARKING AUTHORIZATION FORM

Picture #:  
\_\_\_\_\_

<i>Please Check:</i>	Employee	Physician	Student	Volunteer	Contract
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ORIENTATION DATE: \_\_\_\_\_ DATE CARD ISSUED: \_\_\_\_\_

NAME: \_\_\_\_\_ ACCESS CARD NO.: \_\_\_\_\_

POSITION TITLE: \_\_\_\_\_ PARKING TAG NO.: \_\_\_\_\_

EMPLOYEE #: \_\_\_\_\_ PARKING TAG COLOR: \_\_\_\_\_

DEPARTMENT OR  
CONTRACT COMPANY NAME: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

CONTRACT START DATE: \_\_\_\_\_ CONTRACT END DATE: \_\_\_\_\_

SHIFT: \_\_\_\_\_ 1<sup>ST</sup> \_\_\_\_\_ 2<sup>ND</sup> \_\_\_\_\_ 3<sup>RD</sup> \_\_\_\_\_ Per Diem WORKING HOURS: \_\_\_\_\_

- FACILITY:
- |  |  |   |
|--|--|---|
| <input type="checkbox"/> MERCY MEDICAL CENTER                  | <input type="checkbox"/> HEALTH SYSTEM OFFICE                  | <input type="checkbox"/> LIFE LABORATORIES          |
| <input type="checkbox"/> LIFE PATH PARTNERS                    | <input type="checkbox"/> BRIGHTSIDE                            | <input type="checkbox"/> THORNE MEDICAL GROUP       |
| <input type="checkbox"/> PHYSICIAN OFFICE CENTER SUITE # _____ | <input type="checkbox"/> CAMPUS MEDICAL BUILDING SUITE # _____ | <input type="checkbox"/> MIMA                       |
| <input type="checkbox"/> MERCY SPECIALITY PHYSICIANS           | <input type="checkbox"/> RIVERBEND MEDICAL GROUP               | <input type="checkbox"/> 175 CAREW ST SUITE # _____ |

**STUDENT INFORMATION**

SCHOOL: \_\_\_\_\_

INSTRUCTOR NAME: \_\_\_\_\_

INSTRUCTOR PHONE #: \_\_\_\_\_

TERM END DATE: \_\_\_\_\_

**VECHICAL REGISTRATION:**

	Vehicle 1	Vehicle 2	Vehicle 3
Make:			
Model:			
Color:			
Year:			
License Plate #:			
State:			

Human Resources or Designee  
Authorization Signature:

\_\_\_\_\_ Printed Name

\_\_\_\_\_ Signature

\_\_\_\_\_ Date