



Memorial Regional Hospital • Joe DiMaggio Children's Hospital • Memorial Hospital West
Memorial Hospital Pembroke • Memorial Manor • Memorial Home Health • Memorial Hospital Miramar

ID BADGE REQUEST FORM - \$10.00 DEPOSIT REQUIRED

PRINT CLEARLY & READ THE FORM!!

FULL NAME

LAST: _____ FIRST: _____ MIDDLE: _____

ADDRESS: _____ CITY/ST/ZIP: _____

DATE OF BIRTH: _____ CELLULAR: _____

SCHOOL: _____ ROTATION ENDS ON: ____/____/____

STUDENTS MUST COMPLETE THE FORM IN ITS ENTIRETY. TAKE THE COMPLETED FORM TO THE HUMAN RESOURCES DEPARTMENT IN THE MEDICAL OFFICE BUILDING. THE \$10 DEPOSIT WILL BE COLLECTED AT THE TIME THE BADGE IS ISSUED AT THAT LOCATION.

(EXACT CHANGE REQUIRED)

YOU MUST RETURN YOUR BADGE TO HUMAN RESOURCES WITHIN 30 DAYS OF THE DATE PRINTED ON YOUR BADGE TO RECEIVE YOUR DEPOSIT.

ALL STUDENTS MUST PARK IN THE MEDICAL OFFICE BUILDING EMPLOYEE LOT LOCATED ON THE SOUTH SIDE OF THE PERIMETER ROAD FROM THE MEDICAL OFFICE BUILDING. STUDENTS ARE NOT ALLOWED TO PARK IN ANY VISITOR OR EMERGENCY LOTS.

LOST BADGE REPLACEMENT FEE IS \$5 EACH TIME.

STUDENT'S SIGNATURE: _____

HR Signature: _____