



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 CASHIER'S OFFICE INSIDE THE HOSPITAL, PAY YOUR \$10 DEPOSIT, HAVE THE CASHIER SIGN THIS FORM AND BRING IT BACK TO THE SECURITY OFFICE.**

**YOU MUST RETURN YOUR BADGE TO THE CASHIER'S OFFICE WITHIN 30 DAYS OF THE DATE PRINTED ON YOUR BADGE TO RECEIVE YOUR DEPOSIT.**

**ALL STUDENTS MUST PARK OFFSITE. OFFSITE PARKING MAPS ARE AVAILABLE IN SECURITY OFFICE. STUDENTS ARE NOT ALLOWED TO PARK IN THE VISITORS GARAGE. STUDENTS MAY NOT HAVE THEIR PARKING TICKETS VALIDATED. THE ONLY EXCEPTION IS ON WEEKENDS AND HOLIDAYS WHEN STUDENTS MAY PARK IN THE VISITORS GARAGE AT NO CHARGE.**

**LOST BADGE REPLACEMENT FEE IS \$5 EACH TIME.**

---

**STUDENT'S SIGNATURE:** \_\_\_\_\_

**Cashier's Signature:** \_\_\_\_\_