LEGACY HEALTH

STUDENT/INSTRUCTOR PICTURE ID BADGE REQUEST

NAME: _____ **COLLEGE/UNIVERSITY:** _____

☐ Student ☐ Instructor

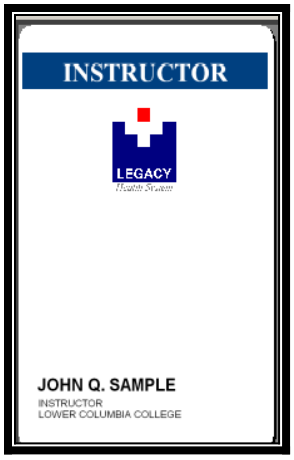
TITLE/CREDENTIALS: _____

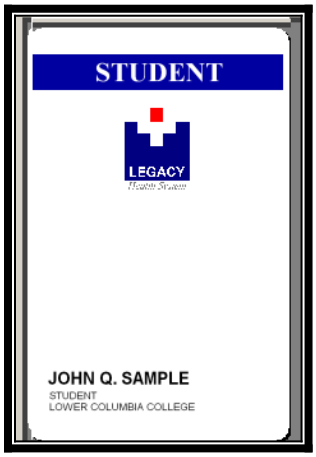
SITE/UNIT ASSIGNED: _____

Security Representative:

Please issue a picture ID to the instructor/student listed above. Templates below illustrate what the badge should look like when completed.

Badge Type:	Student Blue or Instructor Blue
First Name:	Insert first AND last name in this field
Last Name:	Insert ONLY last name in this field
Title:	Choose Student or Instructor
Department:	Choose school name





All badge access necessary during clinical rotation will be emailed by the Clinical Instructor to Securitybadgeaccess@lhs.org at least 48 hours prior to the beginning of the rotation.

Clinical rotation start date: _____

Badge expiration date: _____
(Insert anticipated graduation date)

_____ _____
Instructor/Legacy Preceptor Signature Authorizing Badge **Date**

If this badge is lost or stolen please contact Legacy Safety/Security Dispatch immediately so the badge can be deactivated. They can be reached 24/7 at 503-413-7911. A replacement badge can be obtained by visiting the Safety/Security office any Legacy hospital.