

**Non-Employee Photo ID Badge Request Form**

Today's Date: \_\_\_\_\_

Full Legal Name: \_\_\_\_\_ Gender: M F  
(please print) (circle)First Name: \_\_\_\_\_ Last Initial: \_\_\_\_\_  
(as it should appear on your badge, please print)

Credentials: \_\_\_\_\_ Designation: Resident Student Other \_\_\_\_\_

Badge Type: Regions HealthPartners Gillette Children's  
(circle)

Reason for Badge Issuance: \_\_\_\_\_

Department Name: \_\_\_\_\_ Cost Center #: \_\_\_\_\_

Department Manager's Name: \_\_\_\_\_  
(please print)Department Manager's Signature: \_\_\_\_\_  
(required for new badges, changes to badge and lost badge replacement only)Parking Access Required: Yes No  
(circle)

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**Parking Office Use Only**

Name Change/Old Name: \_\_\_\_\_ Lost Badge/Old Number: \_\_\_\_\_

5-Digit Parking Card Number: \_\_\_\_\_

Prox Card Number: \_\_\_\_\_

Date Issued: \_\_\_\_\_

Date Re-Issued (if replacement badge): \_\_\_\_\_

Parking Employee Signature: \_\_\_\_\_

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**Safety & Security Use Only**

Level of Security Access assigned to Card: \_\_\_\_\_

Information verified by Employee and Security: Yes No

Security Access Level programmed by: \_\_\_\_\_

6-Digit HID Number: \_\_\_\_\_