

Authorization to Obtain Photo ID Badge and/or Parking Permit

Replacement:	_____
Receipt No.	_____
Amount Paid:	_____

Your Name (first, middle, last): _____

Address: _____

Office Phone: _____

Pager: _____

Medical Staff
(\$25.00 per month; first payment cannot be payroll deducted)

Resident
(\$15.00 fee; first payment cannot be payroll deducted)

Fellow
(\$15.00 fee; first payment cannot be payroll deducted)

CRNA
(\$25.00 per month)

Other Allied Health Professional (PA, NP, RNFA, ATC)
NO PARKING – ID BADGE ONLY

Research Fellow
NO PARKING – ID BADGE ONLY

Medical Student
NO PARKING – ID BADGE ONLY

Faculty Fellow
(\$25.00 fee)

Visiting Physician or Professor
(\$25.00 fee)

NOTE: PLEASE INFORM SECURITY IF YOU DECIDE NOT TO RENEW PARKING SO THAT BADGE ACCESS TO FACILITY IS NOT DISABLED.

Department: _____ Name of Rotating Service: _____

Dates of Rotation: From: _____ To: _____

Rotating through ... ? University Hospital

Norris Cancer Hospital
(If Norris only, parking is not provided through University Hospital)

Car Make: _____ Year: _____ Color: _____ License: _____

Car Make: _____ Year: _____ Color: _____ License: _____

I verify that the information submitted above is accurate: _____
Signature and Date

Authorized By: _____

Date Issued: _____

ID #: _____