



Beth Israel Deaconess Medical Center

Public Safety Department

Photo ID & Access Card Authorization

NOTICE TO REQUESTOR – PLEASE READ FIRST:

Photo IDs are now printed onto access cards. Pictures for IDs are taken daily at the Public Safety Office on the West Campus in the Farr Building, 1st floor 24 hours a day, 7 days a week – Holidays included

You will be asked to provide another form of photo identification. A driver’s license, official state identification or another form of official photo identification is required

There is a \$5.00 replacement fee for lost or missing access cards. This fee is payable at the Cashier on Feldberg 2nd floor or Clinical Center West main lobby. A paid receipt must be presented along with this authorization form to obtain a new card & ID

ALL ITEMS MARKED WITH AN ASTERISK (*) ARE REQUIRED INFORMATION AND MUST BE FILLED IN PLEASE PRINT CLEARLY

PRE-SIGNED COPIES, FAXES OR OTHER OBVIOUS DUPLICATIONS OF THIS FORM WILL NOT BE ACCEPTED

AUTHORIZING SIGNATURE MUST BE AN ORIGINAL SIGNATURE

NOTE: PUBLIC SAFETY RESERVES THE RIGHT TO REFUSE THIS FORM IF THE ABOVE CRITERIA IS NOT MET

* Requesting (check one): ___ ID Only ___ Access Card Only ___ ID & Access Card Combo

* Last Name: _____ * First Name: _____ * Employee #: _____

* FOR “MDs & PhDs” ONLY: Designate if requestor is working in: ___ Clinical ___ Research

* Clinical Designation PhD MD PsyD RN LPN RA OT PT NP SPM (You may be asked for proof of Designation): PA DDS DVM RT RD Rph MT MS CPP

* Department Name: _____

* Department Authorized By (PRINT): _____

Department Extension: _____

* Authorizing Signature or HR Recruiter: _____

* EOHS Authorizing Signature _____

HMS Student? Yes No If Yes, Please Name Department: _____

* Date of Request: ___/___/___ Term Ending Date: ___/___/___

* Clearances Requested (Buildings, Departments): _____

Public Safety Department Use Only Below This Line

ID Confirmed? (Circle One) Y N If “No”, reason: _____

Type of ID shown: _____ Number: _____

Access Card Number Issued: _____ Key (Internal) #: _____

Date Issued: ___/___/___ Name of Officer Issuing Card: _____

Prior Clearance(s) Codes: _____