



## 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](mailto: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.*