

Student Security Photo I.D. Request Form

Badge Office Information:

Location: Colby Campus, D Wing, ED entrance

Hours: Monday and Friday 10:00 a.m. - 3:00 p.m.
Wednesday 6:00 a.m. - 3:00 p.m.

Contact Information:

Phone: 425-261-3913

Fax: 425-404-5007

Email: badgeofficePEMC@providence.org

Please call to schedule appointment in advance for groups of 8 or more

School and Department

Instructor Name: _____ Instructor badge needed

School: _____ School Phone Number: _____

Rotation Starts: _____ Rotation Ends: _____

Hospital Department: _____ Cost Center: _____

FMC, NICU, PEDS Security Level

Title on Badge : _____ (ex; Student Nurse)

Student First and Last Name

1.	7.
2.	8.
3.	9.
4.	10.
5.	11.
6.	12.

I have verified that each student listed above has completed all Providence orientation requirements

Signature of Instructor: _____

Date: _____

Hospital Badge Approval Signature

Director/Manager/Educator Signature: _____