

**WASHINGTON UNIVERSITY SCHOOL OF MEDICINE
IDENTIFICATION/ACCESS CONTROL REQUEST FORM**

Badge Request: Initial <input type="checkbox"/> Replacement <input type="checkbox"/> (see below) Encode only <input type="checkbox"/>				
First Name		Last Name		DOB mmddyyyy
Empl ID#/SIS		Position/Title		
Dept.		Dept. Billing No.		Campus Box
Faculty <input type="checkbox"/>		Staff <input type="checkbox"/>		Student <input type="checkbox"/>
Contractor* <input type="checkbox"/>		Non-appointee* <input type="checkbox"/>		Visiting Student* <input type="checkbox"/>
*WUSM contact/job site				
Local home address			Bus. Phone	
City		State		Zip

REPLACEMENT BADGE

Name Change	Previous Name		
Transfer	Previous Dept.		
Lost/Stolen	Approx. Date	On campus <input type="checkbox"/>	Off campus <input type="checkbox"/>
Worn/Damaged			

ACCESS

<input type="checkbox"/> General Access includes main door access to the following buildings: FLTC Lobby, East Building, Biotechnology, South Building, Cancer Research, McDonnell Sciences, 4444 Forest Park, McMillan, Bernard Medical Library (660 S. Euclid), MPRB (Lobby), Maternity and CSRB			
Restricted Access Areas. Check all that apply.			
NWT <input type="checkbox"/>	Olin Hall Fl. 2 <input type="checkbox"/>	Olin Hall Fl. 3 <input type="checkbox"/>	FLTC 3,4,5 <input type="checkbox"/>
CID Research 2,3 <input type="checkbox"/>	Olin Hall Resident <input type="checkbox"/>	Shriners BCL <input type="checkbox"/>	4480 Clayton <input type="checkbox"/>
McMillan 1, 13 Opth. <input type="checkbox"/>	McMillan 2,3,4 Neur <input type="checkbox"/>	<input type="checkbox"/> West Main Door	Med Lib, 6 th fl. <input type="checkbox"/>
PEDS 2-6 <input type="checkbox"/>	PEDS 7 <input type="checkbox"/>	PEDS 8-10 <input type="checkbox"/>	

Special

Instructions: _____

Prot. Svcs. Use only \$10 \$5 \$2 NC

**This form should be sent via e-mail to: WUSMPS_ACC@MSNOTES.WUSTL.EDU
Access Control – Protective Services: 362-4357.**