

SECURITY PHOTO ID BADGE REQUEST FORM - INDIVIDUAL

BADGE OFFICE INFORMATION

Location: Colby Campus, B-Wing 1st floor

Phone: 425-261-3913

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

Wednesday 6:00 a.m. - 3:00 p.m.

Email: badgeofficePEMC@providence.org

Closed on Holidays

PERSONAL INFORMATION

Date:

First Name:

Last Name:

Type of Badge Requesting: (Check One)

PRMCE Hospital Employee

Medical Staff

Volunteer Service

Providence Medical Group

Medical Office Building

Student

Providence Regional Employee

Contractor/Vendor/Temp

BADGE INFORMATION – As you would like it to appear on your badge

First Name:

Last Name (Optional):

Title:

Department:

Cost Center:

CONTRACTORS AND VENDORS

Company Name:

Address:

Phone Number to reach you:

FOR ADMIN USE ONLY

Director / Manager Signature:

Employee ID #

Date Badge Issued: