



**INTRA-HOSPITAL COMMUNICATION**

Date \_\_\_\_\_

**TO: Security**  
**FROM: Professional Development**  
**SUBJECT: Student Name Badge/Swipe Card**

Please prepare a student name badge/swipe card as indicated below:

\_\_\_\_\_  
**Student Name**

\_\_\_\_\_  
**Social Security Number**

\_\_\_\_\_  
**Badge Title**

\_\_\_\_\_  
**Dept. # / Description**

**Contract Yes \_\_\_\_\_ No \_\_\_\_\_**

Orange-EMERGENCY MANAGEMENT AGENCY \_\_\_\_\_

Replacement Badge \_\_\_\_\_ Green Badge \_\_\_\_\_

Green Badge (Pink Border) \_\_\_\_\_

Gray Badge \_\_\_\_\_

New Employee Orientation Date: \_\_\_\_\_ White Badge \_\_\_\_\_

License Tag # \_\_\_\_\_

Professional Development Signature : \_\_\_\_\_

SECURITY OFFICER Signature: \_\_\_\_\_

SECURITY OFFICER Employee Number: \_\_\_\_\_