

## Photo Identification Request Form

### PERSONAL INFORMATION:

<b>LAST NAME:</b>	<b>TODAYS DATE:</b>	
<b>FIRST NAME:</b>	<b>DEPARTMENT EXT.:</b>	<b>EMPLOYEE ID NUMBER:</b>
<b>TITLE:</b>	<b>CELL PHONE:</b>	

### IDENTIFICATION CARD TYPE:

\*\*must be signed and authorized by supervisor\*\*

#### Card Type Requested:

✓ (Please check one ONLY)

- Clinical and Non-Clinical Staff
- Management
- Volunteers

**(BLUE)**  
**(GREY)**  
**(GREEN)**

- Non-LHSC Personnel
- Clinical and Non-Clinical Staff
- Clinical and Non-Clinical Staff

**(RED)**  
**(TVCC)**  
**(C-STAR)**

### LOCATION DOOR ACCESS REQUIRED:

Door Reader Location	Hospital / Location (circle)
1. All Exterior Doors	VH    UH
2.	VH    UH
3.	VH    UH
4.	VH    UH
5.	VH    UH

### DEPARTMENT HEAD APPROVAL:

\*\*must be signed and authorized by supervisor\*\*

<b>AUTHORIZED BY:</b> (Please Print Name)	<b>CONTACT NUMBER:</b>
<b>AUTHORIZING SIGNATURE:</b> (Please Sign Name)	<b>DEPARTMENT:</b>

### Recipient's Declaration:

I understand that this card must be worn at all times when I am on duty. The LHSC ID with access rights are considered similar to a key and remain the property of the London Health Sciences Centre and must be surrendered upon request or termination of employment. The loss of this card must be reported to Security immediately.

<b>SIGNATURE OF RECIPIENT:</b>	<b>DATE:</b>
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**Administrative Use Only:**

**New Card**
                         
  **Reprinted Card**
                         
  **Sticker Card Cover**

<b>OLD CARD NUMBER:</b>	<b>NEW CARD NUMBER:</b>
<b>ISSUED BY:</b>	<b>DATE ISSUED:</b>

<b>SECURITY SIGNATURE:</b>	<b>DATE:</b>
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