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| **TRINITY HEALTH OAKLAND SECURITY SERVICES** **BADGING REQUEST FORM AND VEHICLE REGISTRATION** |
| **\*\*\*FORM MUST BE SIGNED BY AN AUTHORIZED AGENT/COORDINATOR OF TRINITY HEALTH BEFORE A BADGE CAN BE ISSUED** **Security Dispatch, 1st Floor - Office Hours: Monday through Friday 8am-11am and 1pm-4pm.** **Questions, please call 248-858-3120 or E-mail: badgerequest@trinity-health.org** **\*\*\*24 BUSINESS HOURS REQUIRED PRIOR TO BADGING** |
| **Employed With Trinity IHA First Choice Select Specialty**  **Children's Learning Center Medical Office Building/Suite #\_\_\_\_\_\_\_**  **Contractor: Company Name** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Last Name** | **First Name** | **Middle Initial** | **Last 4 Digits of SS#** |
| **Job Title** | **Manager Name** | **Medical Credentials** | **Employee ID Number****NPI Number** |
| **\*\*\*FOR STUDENTS\*\*\*** |
| **Medical Student****Nursing Student****Other-Specify**  | **University Name** | **Start Date****End Date** | **Instructor Name** |
| **\*\*\*VEHICLE IDENTIFICATION\*\*\*** **\*\*\*BADGE CANNOT BE ISSUED WITHOUT VEHICLE INFORMATION\*\*\*** |
| **Make****Model** | **Year** | **Color** | **License Plate** |

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**Trinity Health Authorized Agent**    **Date**