Student ID#: ______________________________________

First Name: _____________________ Initial: ___ Last: ______________________

Please Print Clearly

☐ New   ☐ Lost   ☐ Stolen   ☐ Damaged   ☐ Info Change

☐ Oakland   ☐ Sacramento   ☐ San Francisco Peninsula

STUDENTS:
☐ ABSN Nursing
☐ Basic Sciences
☐ BSN Nursing
☐ Case Management
☐ ELMSN Case Management
☐ ELMSN Family Nurse Practitioner
☐ Family Nurse Practitioner
☐ Nurse Anesthesia Resident
☐ Occupational Therapy
☐ Physical Therapy
☐ Physician Assistant
☐ Podiatric Student
☐ (Class of:_______)

FACULTY:
☐ Department
☐ Basic Sciences
☐ Nursing
☐ Occupational Therapy
☐ Pharmacy
☐ Physician Assistant
☐ Physical Therapy
☐ Podiatry

☐ Title
☐ Professor
☐ Associate Professor
☐ Assistant Professor
☐ Instructor
☐ Adjunct Professor
☐ Adjunct Assoc. Prof.
☐ Adjunct Asst. Prof.
☐ Adjunct Instructor
☐ Other____________

Credentials: ______________________________________

I understand that:
1. I must wear my badge above the waist at all times while on SMU property.
2. My badge is non-transferable.
3. If my badge is lost or stolen, I must immediately report it to the Facilities Department.
4. Upon separation of employment, my badge must be returned to the Human Resources Department.

_____________________________  _______________________
Signature                                Date

Note: There is a $5.00 replacement fee for SMU badges.

This box for Facilities Badging use only:
New Badge #____________  Proxy #____________  Issued By ______________________  Date ______

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