NOTE: Fax this form along with the Student Information Sheet 2 weeks prior to start of rotation.
One form is required for each clinical group. ALL students must have a security badge.

Holy Cross Hospital
Access (Badge) Control Authorization Form

»»» Requestor: Complete all highlighted areas «««

Access (Badge) Control / Faculty Name: _____
(Print)

With my signature below, I request the described badged be issued to me. I understand that this badge is the property of Holy Cross Hospital and its loss will be reported immediately to Hospital Security. By accepting this badge, I acknowledge my responsibility for all property and/or records secured by the lock operated by this badge. I will not duplicate or transfer this badge to any other person and will surrender it to Security when I no longer have a need for the badge or my employment or contracting period at the Hospital ends. I agree to abide by Hospital policies and procedures.

Signature: _____
(REQUIRED FOR BADGE)

Faculty Contact Info: Phone #:_____ **Email:** _____ Date: _____

Circle One: **Employee** **Contractor** **Volunteer** **Non-employee**

If a contractor or non-employee, I work for: _____

Request for (Circle One): **Grand Master Key** **Master Key**

Badge Access Control **Department Pass Key** **Single Door Key**

Reason for Request: _____

_____

_____

Clinical Rotation Start Date: _____ Clinical Rotation End Date: _____

_____

Access Control (Badge)-Indicate Unit of clinical rotation: _____

Name of Requesting School : _____

Authorized By Department Head or Designee or Faculty: _____
(Print Name)

_____
(Signature)

SECURITY DEPARTMENT USE ONLY

Key Number Issued: _____

Director Safety & Security/Designee Signature (for keys only): _____