

# 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 badge 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): \_\_\_\_\_