



**UHTMC PUBLIC SAFETY & SECURITY
DEPARTMENT STUDENT BADGE REQUEST FORM**

DATE: ____/____/____

NAME: _____, _____, _____ MI SS#: _____
LAST FIRST MI LAST FOUR DIGITS

HOME ADDRESS CITY

STATE ZIP HOME / CELL PHONE

DEPARTMENT NAME (AREA OF STUDY): _____

SCHOOL: _____

COORDINATOR: _____ CONTACT NUMBER: _____

PARKING: YES ___ NO ___

END OF ROTATION: _____ Preferred Name: _____

VEHICLE INFORMATION

_____ <small>YEAR</small>	_____ <small>MAKE</small>	_____ <small>MODEL</small>	_____ <small>COLOR</small>	_____ <small>LIC. PLATE #</small>	_____ <small>STATE</small>
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_____ <small>YEAR</small>	_____ <small>MAKE</small>	_____ <small>MODEL</small>	_____ <small>COLOR</small>	_____ <small>LIC. PLATE #</small>	_____ <small>STATE</small>
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The replacement fee for badges is \$20.00 which should be paid in the Cashier's Office located on the 1st floor of the Main Building.

Do you have a previous badge Y N

What are the first 5 numbers of badge _____

SIGNATURE