

## **OFFICE OF STUDENT AFFILIATIONS - REGISTRATION/BADGE FORM**

EMPLOYEE AT UMMMC: 🗆 No 🛛 Yes		DATE	BADGE #
(If yes) EMPLOYEE ID:		POSITION: 🗆 Student 🛛 Facult	ry TAG # Id #
(First Name)	(MI)	(Last Name)	(Credentials)
CELL PHONE:		EMAIL:	
HOME ADDRESS:			
EMERGENCY CONTACT:		РНО	NE:
COLLEGE/UNIVERSITY/PRO	)GRAM:		
		morial Health entity as employee or nur	
		DEGREE:	
FLOOR/UNIT:		START DATE: EN	D DATE:
Check Campus at UMMMO	C: 🗆 University 🛛	🗆 Memorial 🛛 Hahnemann 🗆 Oth	ner
FOR PARKING: STATE:	PLA	TE #:	
MAKE/MODEL/ COLOR:			
SIGNATURE:			Date:
University ID Badge Office (no credit cards).	: Located on the f	irst floor of UMass Chan Medical Sch	nool. <b>Note</b> : Cash or check only
	_	MMC sites, located at 119 Belmont S ist forms of payment accepted.	St., Worcester, MA; ask Lobby
\$10.00 per badge			
\$8.00 per week parking fee at U	Iniversity Campus; 4 v	veeks min. is required (total of \$32.00).	
APPROVAL/CLEAR	RANCE BY Of	fice of Student Affiliation	<b>NS</b> : Jane Bania
		DATE:	

You must present this completed form with approval signature in order to obtain your ID Badge at the Parking/Access Control Dept. Questions?, Email: <u>Student.Affiliations@umassmemorial.org</u>

10/2022