CU Anschutz non-paid Personnel
Access Control Badge Application

I.   Applicant Data:

Check if a minor	Age of Minor
Legal First Name	
Middle Initial	
Last Name	
Job Title	
Badge Start Date (mm/dd/yyyy)	

Cell Phone

Email Address

II.   Employment Data:

For non-CU Anschutz Personnel (including POI's, Affiliates, Visitors, & Contractors/Vendors):

1. Is applicant doing contracted work or s/he is a vendor?	Yes	No
2. Organization/Institution or Company Name		
3. Sponsoring CU Anschutz Department **&** Division		
4. Is this applicant a Person of Interest within HCM?	Yes	No
5. Is this applicant a current employee of:		

Children's Hospital Colorado	Denver Health Medical Center
National Jewish Health	University of Colorado Health
CU Medicine	Veterans Affairs Medical Center
UCCENT	**ANY OTHER CU Campus**

Yes   No

(If yes, please ensure that the employer name appears in #2 above)

6.   Enter employee ID # for applicant if you answered YES to questions 4 or 5.
7.   Last four digits of SSN *(Use last four characters of Passport # if there is no SSN)*
8.   Month and **day** of birth (mm/dd)
9.   Badge Expiration Date (mm/dd/yyyy):   - Contractors & Minors receive up to 1 yr   - Visiting personnel & Affiliates receive up to 2 yrs

III.   Are Clearance(s) being request?
(If so, please list the clearance name(s) in the body of the email.)   Yes   No

IV.   Badge Approver Data:

Badge Approver Name & Phone Number
Badge Approver Signature *(If faxing form)*