

ID BADGE / ACCESS CARD FORM
Students

STUDENT INFORMATION	
Name: Print your full name.	First Name M.I. Last Name
Address: Please print your home address and phone number.	
Social Security Number: Enter your Social Security Number. Note: This number will not appear on your ID badge.	
ACKNOWLEDGEMENTS / SIGNATURE	
<p>I understand this card is the property of the Medical College of Georgia and must be returned upon my withdrawal, graduation or if requested by MCG officials. Possession and use of this card constitutes acceptance of the terms and conditions of MCG's policies governing its use. I understand that if this card is lost or stolen, I must immediately notify Public Safety at 1-2914. I will be required to pay \$10 for a replacement card.</p>	
_____ Signature	_____ Date
<i>PSD Use Only: Badge Number</i> _____	