

# University of Kentucky Wildcard ID Badge Application

You will need to bring a government issued photo ID with you. **Upon turning in this form, you and your department understand that if the badge is not returned to the ID office upon losing your ID badge, transferring positions, or leaving the university, there will be a lost fee.**

**Campus Employees:** Please fill out, print, and bring to our office only if your department is paying for your ID.

**Healthcare Employees:** Please fill out, print, and bring to our office in order to receive your ID badge.

First Name	
Middle Name	
Last Name	
Preferred Name	
Date of Birth	
UK ID Number (required)	
Department Name	
Job Title	
Cost Center	
Applicant's Signature	
Authorization (Print & Sign)	
Special Access Requested	

**Healthcare Use Only:** Check up to 2 credentials that apply  
**Badge Type:** Regular ID  Mother Baby ID

<input type="checkbox"/> AD	<input type="checkbox"/> LD	<input type="checkbox"/> PharmD
<input type="checkbox"/> APRN	<input type="checkbox"/> LPN	<input type="checkbox"/> PhD
<input type="checkbox"/> ASCP	<input type="checkbox"/> MBBS	<input type="checkbox"/> PT
<input type="checkbox"/> Bcc	<input type="checkbox"/> MD	<input type="checkbox"/> RD
<input type="checkbox"/> BSN	<input type="checkbox"/> M Div	<input type="checkbox"/> RN
<input type="checkbox"/> CPFT	<input type="checkbox"/> MSN	<input type="checkbox"/> RNA
<input type="checkbox"/> CRNA	<input type="checkbox"/> MSW	<input type="checkbox"/> RPFT
<input type="checkbox"/> CST	<input type="checkbox"/> MT	<input type="checkbox"/> RPh
<input type="checkbox"/> CSW	<input type="checkbox"/> NCT	<input type="checkbox"/> RRT
<input type="checkbox"/> DO	<input type="checkbox"/> OT	<input type="checkbox"/> RT
<input type="checkbox"/> DPT	<input type="checkbox"/> PA	<input type="checkbox"/> SLP
<input type="checkbox"/> LCSW	<input type="checkbox"/> PA-C	<input type="checkbox"/> SRNA

Print how you would like your credentials to appear on your badge: \_\_\_\_\_

**ID OFFICE USE ONLY:**  WC  Van  Holder  Clip  Lanyard  Lost  Vendor  
 Amount to Bill: \_\_\_\_\_ Amount Self Paid: \_\_\_\_\_