

UTHEALTH Auxiliary Enterprises - Badging
ID Badge Request

To: AUXILIARY ENTERPRISES - ID Badging
UCT 1.070Q
Phone: (713) 500-3403

Date: _____

Submit ID Badge Request Form via Digital Signature to the following: [Office of ID Badging](#)

HR will issue all New Employee and New Faculty badges.

HR will issue all New and Replacement badges for Non-Compensated Faculty, Postdoctoral/Research Fellows, Observers, Visiting Students, Visiting Scientists, and Volunteers.

Fees: Due upon receipt:
\$15.00 – Vendor/Contractors
\$10 – All Replacement Badges

ID REQUIRED: PASSPORT, US GOVERNMENT ISSUED DRIVERS LICENSE or ID, OR MILITARY ID.

COMPLETE ALL SECTIONS

Issue Badge To: _____ Employee ID: _____
Contractor/Tenant Company Name: _____ Employee Department: _____

BADGE TYPE

- A - Adjunct
- C – Contractor/Temp.
- E – Employee - Replacement
- L – Lease (Non UT Tenant)
- P – Post Doc
- R - Resident
- S – Student

- VS – Visiting Student
(Students from other Schools)
- VI –
Visitors/Volunteers/Observers
(Employees not with UTHealth)
- Memorial Hermann
- Harris Health

BADGE COST

- No Charge
- \$15.00
- \$10.00
- No Charge
- No Charge
- No Charge
- No Charge
- New -No Charge
Replacement \$10
- No Charge

- \$10.00
- \$10.00

BADGE LOGO

- UT Logo Orange (A, E, F, P, R, S)
- Dual UT/MDACC Gray – GSBS (E, F, S)
- No Logo White –Non UT Tenants
- UT Logo Blue– Contractor/Temp Agency (C)
- UT Logo Green – Visiting Students & Visitors (VS, VI)

*Badge Types of C, VS or VI must have an expiration date not greater than 1 year.

Expiration Date:

ACCREDITATION: MD DDS RN PhD *Other: _____

*(Must be necessary to perform current job function)

Departmental Chartfield to be charged: _____

Chartfield Approval: _____ Phone Number: _____

Building: _____

Note: Access to Medical School Building must have approval from Office of Administration and Faculty Affairs OAFa@uth.tmc.edu. For Resident requests for Medical School Building, please send requests to the GME office via ms.gme@uth.tmc.edu.

*Approved By: _____ Signature: _____

No signature required when sent by e-mail with Digital ID.

*Title: _____ *Department/Company: _____

*Telephone #: _____

*REQUIRED INFORMATION

Revised 12/18/2020