

## CU Anschutz non-paid Personnel Access Control Badge Application

### I. Applicant Data:

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

### 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:										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Children's Hospital Colorado</td> <td style="width: 50%;">Denver Health Medical Center</td> </tr> <tr> <td>National Jewish Health</td> <td>University of Colorado Health</td> </tr> <tr> <td>CU Medicine</td> <td>Veterans Affairs Medical Center</td> </tr> <tr> <td>UCCENT</td> <td><b>ANY OTHER CU Campus</b></td> </tr> </table>	Children's Hospital Colorado	Denver Health Medical Center	National Jewish Health	University of Colorado Health	CU Medicine	Veterans Affairs Medical Center	UCCENT	<b>ANY OTHER CU Campus</b>	Yes	No
Children's Hospital Colorado	Denver Health Medical Center									
National Jewish Health	University of Colorado Health									
CU Medicine	Veterans Affairs Medical Center									
UCCENT	<b>ANY OTHER CU Campus</b>									
<i>(If yes, please ensure that the employer name appears in #2 above)</i>										
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 <b>day</b> 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 <i>(If faxing form)</i>