



ALLIED HEALTH STUDENT 2018/2019

If your rotation requires you to have computer access, please complete this form. If your rotation requires you to wear a TMC badge, please complete the next page. The completed documents should be sent to your TMC Clinical Instructor two weeks prior to the rotation. If you have any questions, contact your TMC Clinical Instructor.

COMPUTER ACCESS

STUDENT	
Student	Name (with middle initial): _____
Student Contact Info	Email: _____ Phone: _____
Academic Institution	Name: _____
Social Security Number	XXX - ___ - _____ <i>(Last six digits are required for computer access.)</i>
TMC Dept	Instructor: _____ Dept/Field of Study: _____
TMC Location	Health Sciences District: Lakewood: Behavioral Health: Other: _____
Clinical Rotation	Start Date: _____ End Date: _____
SCHOOL COORDINATOR/REPRESENTATIVE	
School Contact	Name: _____ Title: _____
School Contact Info	Email: _____ Phone: _____



**SECURITY DEPARTMENT
STUDENT BADGE/PROXY REQUEST FORM**

DATE: ___/___/___

NAME: _____, _____, _____ MI SS#: _____
LAST FIRST MI LAST FOUR DIGITS

_____ HOME ADDRESS CITY

_____ STATE ZIP HOME / CELL PHONE

DEPARTMENT NAME (AREA OF STUDY): _____

SCHOOL: _____

COORDINATOR: _____ CONTACT NUMBER: _____

PARKING: YES ___ NO ___

END OF ROTATION: _____

VEHICLE INFORMATION

_____ YEAR MAKE MODEL COLOR LIC. PLATE # STATE

_____ YEAR MAKE MODEL COLOR LIC. PLATE # STATE

By signing this form you are responsible for any lost, stolen, or damaged items to include replacement fees. The replacement fee for hang tags is \$25.00. The replacement fee for badges/proxy discs is \$16.00. THERE ARE NO EXECEPTIONS. Fees are to be paid in the Cashier's Offices located on the 1st floor of the Main Building.

_____ SIGNATURE