



Identification Badge Request Form

**** Please take or send the completed form to Adrienne Jeter located in Chapman Hall C108 or email to ajeter@viriniawestern.edu****

Employee's Name: _____
First Last

Department: _____

EMPLID Number: _____

COV ID: _____

Classification: Full-Time Staff Full-Time Faculty Adjunct Faculty
 Part-Time Staff

Authorized By: _____ Date: _____

Identification Card Acknowledgement

I have received and reviewed the VWCC Identification Badge Policy. I understand that this badge is my official VWCC identification and is non-transferable. It must be visibly worn at all times on campus and presented upon request to College officials. By use of this card, I agree to all terms and conditions in effect at the time of use. This card is the property of Virginia Western Community College and must be surrendered upon request by an authorized College official. Lost cards should be reported immediately to the Campus Police Office.

Requestor's Signature: _____ Date: _____

For Office Use Only:	Issuance Date:
	Issued By: _____
Initial Card: <input type="checkbox"/>	Replacement Card: <input type="checkbox"/>