

UCSF FRESNOBADGE REQUEST FORM

Pins, insignia or logos must not be placed on the surface of any proxy badge as it will deactivate them.

FIRST NAME			LAST NAME
WORKING TITL			DEPARTMENT/PROGRAM NAME
CREDENTIALS:	_	□ DO	Start Date:
BADGE TYPE:	☐ Faculty	☐ Fellow	
	Resident	☐ Staff	Exp Date:
YOUR SIGNATI	JRE:		DATE
used by unautho			
Return Policy Uppear's Office uppear Special Approvements Fresno Center a	ICSF Fresno Badges are on separation of employ al Special approval from	ment. Dr. Peterson is nan Core Faculty	the University and should be returned to the required to issue a UCSF Fresno badge or allow UCSF, Medical Students, Residents/Fellows, Staff and elow:
Dean's Office up Special Approv Fresno Center a	ICSF Fresno Badges are con separation of employ all Special approval from ccess to anyone other the second contract of the second contrac	ment. Dr. Peterson is nan Core Faculty	required to issue a UCSF Fresno badge or allow UCSF, Medical Students, Residents/Fellows, Staff and