



Stanford Medicine
 Photo Identification and CAS Access Maintenance Form
PHOTO IDENTIFICATION INFORMATION

Hours: 7:30AM-4:30pm, M-F Phone: 650-498-6290 Fax: 650-723-2881 photoid@stanfordhealthcare.org
 300 Pasteur Drive Room H0258C

For Official Use Only

Legal Name		Work Title	
Department		Office Location	Office Phone
Employee ID # _____	(circle one)	Stanford Health Care	Lucile Packard Children's Hospital Stanford
Stanford Medicine ID Type		Stanford School of Medicine	
<input type="checkbox"/> Employee	<input type="checkbox"/> Traveler	<input type="checkbox"/> Community Physician	<input type="checkbox"/> Volunteer
<input type="checkbox"/> IT Contractor	<input type="checkbox"/> University	<input type="checkbox"/> Other Contractor	<input type="checkbox"/> Temporary
Expires _____	Expires _____	Expires _____	Expires _____

Department, Authorizing Signature for Photo ID Only _____ Date _____

Print Name and Sign
 This card is the property of Stanford Medicine Security Services Department. By acceptance and use of this card the cardholder is bound by the following terms:

- The card is for your use only. It is not to be loaned or passed on to anyone at anytime. It is not to be altered or modified in anyway.
- This card is to be worn easily visible and at all times while at any Stanford Medicine location.
- When in a controlled access area, you must carry this card with a valid Stanford ID or some form of picture ID. These ID's are to be shown to a Stanford Medicine Security Officer upon request.
- If the card key should fail to function as expected, please contact Photo ID at 650-498-6290 or Security Services at extension 650-723-7222.
- This card is to be returned to the issuing department upon your leaving employment or completion of assignment or school term.
- Report the loss or theft of this card immediately to the issuing department and Security Services at 650-723-7222.
- Stanford Medicine Security Services reserves the right to delete or restrict access to buildings for repeated and/or serious system violations.
- This form is valid only for **30 days after signed date**.
 - Legal photo identification must be presented upon obtaining a badge or access card.

I have read and understand the above items _____
 Card Holder Signature

Building /Area to be Accessed	Department Authorizing Signature Print and Sign	For Official Use Only
		Number
		Type
		Date Issued
		Issued By
		Access
		Access
		Class