



# University of Michigan Hospitals Identification Card Request & Change Form

**Instructions:**

- Department Head or Authorized Representative must complete this form (*please print, except signatures*).
- Card Holder must then submit form to: UM-Hospital Security Services Key/ID Office, Med Inn Building, Room C158  
**Monday – Friday, 7am–4pm – Phone (734) 763-6376 FAX (734) 763-5016 <http://www.med.umich.edu/security/keyid.htm>**

**ID CARD REQUEST FOR:**

<b>Name (PRINT)</b>	(Last)	(First)
<b>UMID or Uniqname</b>		<b>Birthdate (required)</b> ____/____/____ (mm/dd/yyyy)
<b>Email Address</b>		<b>Phone ( )</b>

*I certify that the information and photo provided and contained on my University of Michigan Hospitals and Health Centers Identification card are accurate and correct.*

**Card Holder's Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Must Sign to issue Card)

**UM-Hospital Affiliation - YELLOW CARD (select one) Instructions on reverse**

<b>Valid for [5 years]</b>	<input type="radio"/> UM Hospital Staff	<input type="radio"/> UM Student	<input type="radio"/> Retiree
	<input type="radio"/> No ACCESS NEEDED –1 <sup>st</sup> Year Nursing Student	<input type="radio"/> House Officers	
<b>Valid for [1 year]</b>	<input type="radio"/> UM Hospital Temp Employee (paid by Hospital)	<input type="radio"/> UM Campus Faculty (UM-benefited -Adjunct needing access to Hospitals)	<input type="radio"/> UM Student Volunteer
<b>Associate For 1 year</b>	<input type="radio"/> Visiting Clinical Scholars (paid by Hospital) <input type="radio"/> CSR Nurses (paid by UM-Hospital)	<input type="radio"/> Student Fellows (clinical rotation) <input type="radio"/> Adv. Postgrad Trainees (APT) <input type="radio"/> MM-Students	<input type="radio"/> UM Employees or Retirees (working as Contractor or Volunteer)

**Non-UM-Hospital Affiliation - RED CARD (select one) - Valid for 1 year - (not UM Benefited)\*\*\$6.00 Fee**

<input type="radio"/> Volunteer	<input type="radio"/> Vendor	<input type="radio"/> Contractor (Company Name)
<input type="radio"/> Visitor* *includes Clinical /Research Scholars; Special Purpose Trainees (SPT); Academic Affiliates	<input type="radio"/> Visiting Observer (Clinical or Non-Clinical) <input type="radio"/> <u>Non-UM</u> Students (School) _____ <input type="radio"/> Visiting Interns (Clinical or Non-Clinical)	<input type="radio"/> Contracted Temp (Agency Name) _____ <input type="radio"/> No ACCESS NEEDED - Issue Non-Proxy

**Reason for Request (select one)**

<input type="radio"/> New (1 <sup>st</sup> ID)	<input type="radio"/> Department Change	<input type="radio"/> Name Change	<input type="radio"/> Stolen (**Report # _____)
<input type="radio"/> Status Change to: <input type="checkbox"/> TEMP <input type="checkbox"/> REG	<input type="radio"/> Expired Card	<input type="radio"/> Damaged/Broken (*\$20 replacement fee)	<input type="radio"/> Lost (call 936-7890 to report as lost) (*\$20 replacement fee)
<input type="radio"/> Returning Card _____ (Key/ID staff sign, if received) Date _____		<input type="radio"/> <b>ADD Medical credentials:</b> _____ ** (** Has to be Authorized as accurate and correct by Department)	

**To Change Access (Access Description)**

Increase Access -Grant access to area, doors, etc. Must include explanation or reader number \_\_\_\_\_

Reduce Access -Delete access to area, door, etc. Must include explanation or reader number \_\_\_\_\_

**COMPLETE ALL Chartfields Below: MUST be completed to create cardholder's affiliation or sponsor**

SHORT CODE	Fund	DEPT. ID#	Program	Subclass	Proj/Grant

\_\_\_\_\_  
(PRINT) Dept. Head/ Authorized Representative (SIGN) \_\_\_\_\_ (DATE) \_\_\_\_\_  
(Must Sign to Authorize Card) (Signature Expires in 30 days from Date)

Department/School Name: \_\_\_\_\_ Dept. Phone# \_\_\_\_\_

**Charge Dept:**  Yes  No

\* Require payment of a \$20.00 fee. Sponsoring Department may authorize the Key/ID Office to charge fee to the department by indicating "Charge Department:  Yes". Card Holder may **pay in either cash or check** at the Hospital Cashier's Office and then submit the paid receipt to the Key/ID office.  
\*\* Requires a police or security report (enter report number on form above). Contact Hospital Security Services Dispatch at (734) 936-7890 to make report

ACCESS  Issued \_\_\_\_\_  Removed \_\_\_\_\_  DNU  No Change

**INSTRUCTIONS FOR THE  
UNIVERSITY OF MICHIGAN HOSPITALS  
IDENTIFICATION CARD REQUEST & CHANGE FORM**

**Who must Use  
This Form**

Visitors, staff, volunteers, students (i.e. Medical Students, Nursing, Pharmacy, etc.), vendors, contractors, and temporary staff must present a UM-Hospital ID form in order to obtain a Mcard.

**ID Issuance  
Policy**

If a potential card holder requests an ID and has never been issued a card previously or they are in our database without a photo that person will have to provide some form of picture identification (Driver's license, school ID, passports, etc.) before an ID can be issued. See Standard Practice Guide #601.13

**Reason for  
Request**

**Lost or Stolen cards must be reported to Security Services 93(67890) within 24 hours.**

**Stolen:** Cardholder must submit a report number from a police or security agency and enter the number on the form.

**Lost:** If cardholder ID is lost, there is a \$20.00 replacement fee. The sponsoring department has the option to pay the replacement fee by completing the chart-fields located on the bottom of the form need to be filled out completely and checked "YES" for department charge. Cardholder may pay individually at the University Hospitals *Cashiers Office* located in the University Hospital Room 2B221. ***You must pay in either cash or check and bring the receipt with your UMID form to the Key/ID office.***

**Damaged:** If the card is damaged there will be a \$20.00 replacement charge to the cardholder unless the department agree to pay.

**Name Change:** Cardholder must submit a name and address change form to Human Resources. Once the change has been entered in the University HR system, the card with the new information a card can be printed. The Key/ID will not make any name changes.

**Temporary staff:** We must know whether you were hired by U of M temporary employment office or a contracted agency (Manpower, Kelly Services etc).

**Access  
Change**

Card Holders will receive regular department access unless otherwise noted. If a cardholder needs access to another area other than their department, this should be noted in the space provided. Please include area or reader number. If a cardholder has left the University, the form can be sent to FAX: **763-5016** or given to the Key/ID office for access to be deleted. The Key/ID office address is **Med Inn Building, Room C158, Box 5810.**

**Questions**

If there are any questions concerning the process or policies please call the Key/ID Office at (734) 76(3-6376) or email us at [keyidoffice@med.umich.edu](mailto:keyidoffice@med.umich.edu).  
Website: <http://www.med.umich.edu/security/KeyID.htm>