



University of Michigan  
Hospitals and Health Centers

# University of Michigan Hospitals and Health Centers

## 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: UMHHC 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: \_\_\_\_\_  
(**PRINT**) Last Name First Name Middle Initial UMID# or SSN #

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

ID Card Holder's Signature \_\_\_\_\_ Date: \_\_\_\_\_  
(Must Sign to issue Card) Expires in 30 days

UMHHC Affiliation (select one)	Instructions on reverse
<input type="checkbox"/> Staff <input type="checkbox"/> Retiree <input type="checkbox"/> UMHHC Student [Valid for 5 years]	
<input type="checkbox"/> Student from Other School <input type="checkbox"/> UMHHC Temp Employee ( <i>paid by the University Hospitals</i> )	
<input type="checkbox"/> Volunteer <input type="checkbox"/> Visitor <input type="checkbox"/> Vendor ( <i>paid by an agency</i> ) <input type="checkbox"/> Contractor ( <i>paid by project</i> )	
<input type="checkbox"/> Temp Service Employee ( <i>paid by an agency</i> )	[Valid for 1 year]

**Reason for Request (select one)**

New (1<sup>st</sup> ID)  Status Change (*Temp to Reg*)  Department Change  Name Change

Damaged Normal Use  Expired Card  Lost/Damaged (*\*\$20 replacement fee*)  ADD Medical credentials

Stolen (\*\*Report # \_\_\_\_\_)  Returning Card \_\_\_\_\_  
(Key/ID staff sign if received) (date)

To Change Access	Access Description
<input type="checkbox"/> Increase Access	-Grant access to area, doors, etc. Must include explanation or reader number
<input type="checkbox"/> Reduce Access	-Delete access to area, door, etc. Must include explanation or reader number

**Chartfields MUST be completed to issue a Mcard ID badge**

Short Code	Fund	Dept. ID#	Program	Subclass	Proj/Grant

Dept. Head/ Authorized Representative:

\_\_\_\_\_  
(**PRINT**) (SIGN) (DATE)  
(Must Sign to Authorize Card)

Department 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 individually 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 UMHHC Security Services at (734) 936-7890 to make report.

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

<b>Who must Use This Form</b>	Visitors, staff, volunteers, students (ie. Medical Students, Nursing, Pharmacy, etc), vendors, contractors, and temporary staff must present a UMHS form in order to obtain a Mcard.
<b>ID Issuance Policy</b>	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
<b>Reason for Request</b>	<p><b>Lost or Stolen cards must be reported to Security Services 93(67890) within 24 hours.</b></p> <p><b>Stolen:</b> Cardholder must submit a report number from a police or security agency and enter the number on the form.</p> <p><b>Lost:</b> If cardholder has lost ID, 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 and Health Center <i>Cashiers Office</i> 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.</p> <p><b>Damaged:</b> If a card is damaged due to normal wear and tear, there is no charge to the cardholder. If the card is damaged due to negligence by the card holder there will be a \$20.00 charge to the cardholder.</p> <p><b>Name Change:</b> 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.</p> <p><b>Temporary staff:</b> We must know whether you were hired by U of M temporary employment office or a contracted agency (Manpower, Kelly Services etc).</p>
<b>Access Change</b>	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 included area or reader number. If a cardholder has left the University, the form can be sent to FAX: <b>763-5016</b> or given to the Key/ID office for access to be deleted. The Key/ID office address is <b>Med Inn Building, Room C158, Box 5810.</b>
<b>Questions</b>	If there are any questions concerning the process or policies please call the Key/ID Office at (734) 76 <b>(3-6376)</b> or email us at <a href="mailto:keyidoffice@med.umich.edu">keyidoffice@med.umich.edu</a> . Website: <a href="http://www.med.umich.edu/security/KeyID.htm">http://www.med.umich.edu/security/KeyID.htm</a>