

OVERLAKE MEDICAL CENTER Security Request Form for Nursing Students

Please fill out the following information. You must present your Student ID when you get your badge.

PLEASE PRINT CLEARLY	Y when filling out th	nis form.		
School	nool		Instructor Name	
Start Date		End Date		
Student Name		Unit		
Contact Phone Number				
☐ Yes I have been at Over	rlake Medical Center	as a student before th	is quarter.	
Vehicle Information for Par				
License Plate Number		Sticker Number		
Make	Model		_ Color	
License Plate Number		Sticker Number		
Make				
Replacement ID card fee is \$ Building, Ground Level. Hou arrangement only.				
If you have any questions, ple	ease call Clinical Educ	cation at 425-688-5882.		
Clinical Education Represe	ntative			
Approved		Date		
Instructors, return this forn	n to Clinical Educati	ion, 1051 Building, Suit	e 100.	