

REQUEST FOR NCI-FREDERICK IDENTIFICATION CARD/CARDKEY FOR GOVERNMENT EMPLOYEES

EMPLOYEE INFORMATION (TO BE COMPLETED BY EMPLOYEE)	NEW EMPLOYEES ONLY (TO BE COMPLETED BY REQUESTOR)
LAST NAME:	Date of Employment:
FIRST NAME:	Bldg: Room: Ext:
Social Security #:	<input type="checkbox"/> Permanent Employee <input type="checkbox"/> Temporary Employee (Please list last day of active service) _____
Birth Date:	
Type of Request: <input type="checkbox"/> New <input type="checkbox"/> Name change <input type="checkbox"/> Lost/Stolen <input type="checkbox"/> Broken <input type="checkbox"/> Renewal	Position:
	<input type="checkbox"/> Supervisor <input type="checkbox"/> Sponsor Name: Bldg: Ext.:
FOR PROTECTIVE SERVICES USE ONLY	CARDKEY INFORMATION
ID Visualization: <input type="checkbox"/> Driver's license State: _____ <input type="checkbox"/> Passport Country: _____ Date: Card #: Employee #: Issued By:	DAYTIME ACCESS (MON.-FRI., 6:30 A.M. – 7:00 P.M.) LIST BUILDINGS/AREAS NEEDED FOR DAYTIME ACCESS: _____ ALL HOURS ACCESS LIST BUILDINGS/AREAS NEEDED FOR ALL HOURS ACCESS: _____
Signature of authorizing official: _____ Date: _____ Print Name: _____	