

# Temporary ID Number Request Form

**\*\*First and Last Name** \_\_\_\_\_

**\*\*Social Security Number** \_\_\_\_\_

**\*\*Date of Birth** \_\_\_\_\_

**Start Date:**

**End Date:**

**Division/Institute:** Executive Administration

**Department:** Office of Civic Education Initiatives

**Cleveland Clinic Supervisor:** Rosalind Strickland

**Job Title:** Student

**Previous CCF ID Number:** \_\_\_\_\_  
(if yes – PRINT number or unknown; if no - PRINT none)

**School/University:** \_\_\_\_\_

**(Check Completed items – all items MUST be completed BEFORE your ID badge is issued)**

**TB Results**  
Date Read (MM/DD/YY) \_\_\_\_\_

**Confidentiality Statement**

**Background Release Form (Please write N/A next to the box if you are under 18 years of age.)**

**\*\*Indicates required fields**

**PLEASE COMPLETE THE SECTIONS IN RED AND BRING THIS FORM WITH YOU WHEN YOU MEET WITH THE ID BADGE DEPARTMENT.**

Please contact Nedra Starling at 216-297-8304 with any questions.