

### Required Applicant Information

First Name:  Middle Initial:   
Last Name:   
Email Address:   
Last 4 digits of SS Number (UPD use only):  Date of Birth:

### Application Reason

Change of Privileges     New Badge  
 Full/Part Time  
 Temporary/Agency Name:

### UCD Badge Holders

Check if applicant is a current UCD badge holder requesting CU Medicine building privileges.

### UPI Tenant/Employee Badge Request

Employer:

#### Access Hours

Day Access (4:30 AM - 7:00 PM M-F)     24/7 Access  
 Weekend Daytime Access  
 Parking Garage Privileges

### UPI Staff Only

#### Access Locations

HR     Receiving     Training Rooms  
 IS     ACE     HD File Room

Scheduled Start Date:

### Contractor/Vendor Badge Request\*

Contractor/Vendor Name:

Contractor/Vendor Phone:

Sponsoring Tenant:

Contractor/Vendor Address:

### Requestor Approval

Name:  Date:

### Access Contact and Final Approval Authority

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