

Badge Credential Request Form



Date:

Personal Information:

Name:

RU ID #:

Email:

Work Phone:

Department:

Classification:

Badge Credentials: (Abbreviations only)

Terminal Degree Designation:

If Other, Please Specify

Clinical Certification Designation:

Signature affirms that the above information is accurate.

Employee Signature:

Date:

Approval: (Required)

Dean, Director, or Department Head

Signature:

Date:

Approval certifies degree and credential badge request has been accurately verified.

Badges will be provided free of charge every 3 years.

There will be a \$5.00 **fee** for any replacement cards issued.