



educational service center
of Central Ohio

Request for ID Badge

Date: _____

New

Replacement

Employee Information

Last Name: _____ First Name: _____

Last 6 digits of Social Security Number: _____

Title: _____

Site Location: _____

Level of Access Granted (Circle):

Business Hours only

24/7 (Please obtain HR approval)

Supervisor: _____

HR Approval (if needed): _____

Completed by HR

Badge Number: _____

Processed By: _____

Date: _____

Please see or e-mail Matt Goodwin at matthew.goodwin@escoco.org to set up an appointment.