

**LANCASTER GENERAL HOSPITAL**  
**IDENTIFICATION BADGE INFORMATION**

\* Last Name: \_\_\_\_\_ Credentials: STUDENT

\* Middle Initial: \_\_\_\_\_

\* First Name: \_\_\_\_\_

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

Department: LGCNHS

**LICENSE PLATE NUMBERS:**

\* 1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

**PLEASE INDICATE IF YOU HAVE AN OUT-OF-STATE LICENSE  
PLATE NUMBER**