



Karolinska Institutet

Address:	Solna Reception, Aula Medica, Nobels väg 6.
Address:	Flemingsberg Alfred Nobels allé 10, floor 4. More information: https://staff.ki.se/access-cardsbadge
Please bring photo identification	

Certificate for a badge:

Person data

First and last name:

Date of birth - day month year

Institution:

Reason for having a badge:

- Employed
- Other:

Validity: If less than 2 years required

The badge should be valid from/..... 20..... - until...../.....20.....

Hereby I certify that the badge is issued for the person above.

Flemingsberg/Solna den...../..... 20.....

.....
*Head of Department/ Head of Administration
or equivalent*

.....
Printed name

Badgeholder:

- I undertake to keep the badge in such a way that unauthorized use can't be done.
- I am aware that it is forbidden to lend out or make a copy of the badge.
- I undertake to immediately notify the loss of the badge to the provider.
- I undertake to return the badge to the provider for cancellation when I leave KI.

Hereby I accept the information above to become a badgeholder.

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Signature

The card must be worn clearly visible!