



National Institutes of Health
Bethesda, Maryland 20892

Office of Research Services
Security and Emergency Response
Division of Personnel Security and Access Control

BADGE AUTHORIZATION FORM FOR STUDENTS AND CLINICAL FELLOWS

The purpose of this form is to provide Access Control Branch the appropriate notification that the individual mentioned below was processed through the Personnel Security Branch (PSB) to either initiate a background check/investigation or to document, through a Personnel Investigations Processing System (PIPS) check, the existence of a clearance for the individual, which permits the individual to receive an NIH ID Badge.

This form is to certify that (print clearly) _____ was successfully processed through the initial screening conducted by the PSB.

I certify I am a (check one): Summer Student Clinical Fellow

I understand my ID badge and access to the NIH campus will be terminated if the provided information above is incorrect.

SIGNATURE OF INDIVIDUAL PROCESSED

DATE

SIGNATURE OF PSB TECHNICIAN

DATE

Access Control Use Only

Processed By: _____
BADGING OFFICIAL

DATE

Personnel Security Use Only (Final sign-off)

Special Agency Check (SAC) Results (circle one): Favorable Non-favorable

Processed By: _____
PSB TECHNICIAN

DATE