



Karolinska Institutet

Address: **Solna**
Reception, Aula Medica, Nobels
väg 6

Address: **Flemingsberg**
Alfred Nobels allé 8, floor 6
elevator A

More information: [https://staff.ki.se/
access-cardsbadge](https://staff.ki.se/access-cardsbadge)

Please bring photo identification

Certificate for a badge:

Person data

First and last name:

Date of birth (year/month/day):

Department:

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 Printed name
or equivalent

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!