



**Karolinska  
Institutet**

<b>Address:</b>	<b>Solna</b> Reception, Aula Medica, Nobels väg 6.
<b>Address:</b>	<b>Flemingsberg</b> Alfred Nobels allé 23, C2.  More information: <a href="https://staff.ki.se/access-cardsbadge">https://staff.ki.se/ access-cardsbadge</a>
<b>Please bring photo identification</b>	

**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.

.....  
*Signature*

The card must be worn clearly visible!