

STATE CAPITOL POLICE
IDENTIFICATION BADGE REQUEST FORM
CONNECTICUT

To: State Capitol Police Administration

Subject: Identification Badge Request Form



Date: ____ / ____ / ____

Name: _____
Last First Full Middle

Street Address: _____ **City/Town:** _____

State: _____ **Zip Code:** _____ **Phone #:** (____) _____

Date of Birth: ____ / ____ / ____

Emergency Contact Name and Phone #: _____ (____) _____

Caucus: ___ SDO ___ SRO ___ HDO ___ HRO ___ EBO _____ Other

Committee: _____ **Office/Room #:** _____ **Phone#:** _____

If You Are An Intern List Name of Legislator's Aide: _____ **Aide's Phone #:** _____

Caucus Chief Signature*: _____ **Date:** ____ / ____ / ____

or

Legislator Signature*: _____ **Date:** ____ / ____ / ____

Check One: ___ Full Time ___ Sessional ___ Intern ___ Contractor _____ Other

State Capitol Police Information

Date Entered into System by SCPD: ____ / ____ / ____

Entered by: _____ ID #: _____