

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#:** \_\_\_\_\_

**Name of Legislator's Aide:** \_\_\_\_\_ **Aide's Phone #:** \_\_\_\_\_

**Caucus Chief Signature\*:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

or

**Legislator Signature\*:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Check One:** \_\_\_ Full Time \_\_\_ Sessional \_\_\_ Intern \_\_\_ Contractor \_\_\_\_\_ Other

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State Capitol Police Information

**Date Entered into System by SCPD:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Entered by:** \_\_\_\_\_ **ID #:** \_\_\_\_\_