Office of State Buildings State of Louisiana

Division of Administration

JEFF LANDRY GOVERNOR



TAYLOR F. BARRAS COMMISSIONER OF ADMINISTRATION

Access Badge Enrollment Form
OSB Badging Office's Telephone Number: 225.219.4799

Completed	and signe		may be faxed to 2 ccess Badge H				<u>sauging.O</u>	mce@ia.gov	
First Name:			M.I.:		ast Nai				
Date of Birth:				License No.					
Job Title:									
Please select one	e of the f	ollowing	; :						
State Employee (full-time)					Student Worker				
Transferring from Another Agency					Int	ern			
Agency:				Departn	nent:	<u> </u>			
Domicile Buildin	ng:			Telepho	ne (wo	ork):			
	Buildin		ing Access Co s Group(s)			l'ime(s		s Time	
Badging Coordi	nator:			_			Date:		
Printed Name:						Phor	ne No.:		
Printed Name:	artment, Fi		_			Access	Badge. The	remaining information dging Office.	
Printed Name: Only the Agency, Dep	artment, Fi	not be ava	_	n(s) or entities	outside	Access I	Badge. The OA/OSB Ba	-	