

Date: _____

Linen Services Scrub Access Request Form

Full Name: _____
(Print Last Name, First Name)

Department: _____

Employee ID #: _____

Telephone: _____

Last 4 digits of SS# _____

Please circle size needed: S M L XL 2XL

Note: Please be sure to complete all parts of this form. All scrub access requests will be processed within 1 business day. Fax this form to 212-305-0516.

For Linen Services Department use only:

Date approved: _____

Request approved by: _____

Card Number: _____