

# Court Media Credential Badge Application

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Agency Street Address: \_\_\_\_\_

Address (cont.) \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Supervisor Phone: \_\_\_\_\_

Fill in the above information and email the file as an attachment to:

[Media.access@stanct.org](mailto:Media.access@stanct.org)

Also attach a 2" x 2" JPEG photo of yourself to the email for identification purposes.