

PHOTO ID APPLICATION FORM

I. BADGE TYPE						
David Geffen School of Medicine		Semel Institute				
UCLA Health System		School of D	School of Dentistry			
UCLA Health System (Pink)		School of N	Jursing	3		
Women's and Children's Healt	h	School of F	Public	Health		
II. PURPOSE						
New Employee		Affiliate				
Re-Hire		Upgrade to	Upgrade to Prox Access Card			
Department Transfer		Damaged (/		
Change in Title/Name		Lost/Stoler	ı (\$23.	50)		
III. APPLICANT INFORMATION						
Last Name	Firs	t Name	MI		ID Number	
Title			De	partme	nt	
				•		
Professional License/Degree	Facul	ty, Staff, Studen	t, Affil	iate	Affiliate End Date	
IV. DESIGNATION						
Red (Administrator, Departmen						
Blue (Nurse, Student, Rotating			ht Shif	t and/or	Weekends)	
Yellow (Day Shift Employee – N	lo Weekends)					
V. PROX ACCESS CARD						
The UCLA Health System and David (proximity access reader for those requ						
Yes, applicant will require and is authorized proximity access to: Ronald Reagan Resnick Neuropsychiatric Hospital Santa Monica						
No proximity access required.						
VI. CHS ACESS (Outside of normal busine	ess hours and/or	weekends. Provide	justifica	tion below	v.)	
VII. APPROVED BY:						
I certify that I am an authorized signer	for the above	named departme	ent.			
I certify that I have completed all areas	s on page one	of this form befo	re rele	asing fo	orm to applicant.	
Printed Name			S	ignatur	e	
				-		
Date			Те	elephon	e	

NOTICE TO ALL APPLICANTS, PLEASE READ!

- 1. Driver's License (US Only), Passport, or Military ID is required. Any expired documents presented will not be accepted as a valid form of identification.
- 2. The Photo ID Office <u>does not accept payment</u> for lost/stolen and damaged ID badges. Replacement fees must be paid for **PRIOR** to a badge being issued.
 - Westwood: Main Cashier, 1st floor next to Gift Shop, Ronald Reagan UCLA Medical Center.
 - Santa Monica: Main Cashiers, A-411 MNP, 1st floor, UCLA Medical Center, Santa Monica.
- 3. New hires must be in the Employee Data Base (EDB) System for a minimum of 24 hours before an ID badge can be issued.
- 4. Only one ID badge per person. Previously issued badges (including Bruin Cards) must be surrendered in order to release a new badge.
- 5. This application must be completely filled out incomplete applications will not be accepted.
- 6. Form must be printed on one page 2-sided **NO STAPLES**.

VIII. APPLICANT AGREEMENT AND COMPLIANCE - REQUIRED

The cardholder agrees to abide by all rules, regulations, policies and procedures specified by the University and the BruinCard Center. Future changes in terms and conditions regulating the use of this Card will apply to all Cards in circulation and will supersede the terms and conditions in effect at the time the Card was acquired. I have read and accept the BruinCard Terms and Conditions. Furthermore, I agree to the disclosure terms as listed above.

Last Name	First Name	MI	ID Number
Signa	ture		Date

IX. AFFILIATES ONLY - SUPPLEMEN	ITAL INFORMATION	
Street Address		Telephone
City	City	
		Male Female
State	Zip Code	Sex

Westwood Photo ID Office:		Santa Monica Photo ID Office:		
10833 LeConte Ave.	Monday – Thursday	1260 15 th Street	Monday – Thursday	
Room B8-153	8:30 a.m. – 11:30 a.m.	6 th floor, Suite 600	8:30 a.m. – 11:30 a.m.	
(B-Level, Semel	1:00 p.m. – 4:00 p.m.	(424) 259-9109	1:00 p.m. – 4:00 p.m.	
Institute/NPI Bldg.)	Friday		Friday	
(310) 825-3258	8:30 a.m. – 11:30 a.m.		8:30 a.m. – 11:30 a.m.	

For Cashier Use Only				
RRUCLA Security Account: BruinCard Account: SMUCLA Security Account:	263427 266338 263611	Fund: 63000 Fund: 66338 Fund: 63200	Project Code:	HS9600