

**SIGNATURE AUTHORIZATION FORM**

This form identifies the individuals who have the authority to request the issuance of a Photo ID Badge and security access privileges to Ronald Reagan and Santa Monica UCLA Medical Centers and Resnick Neuropsychiatric Hospital, where applicable. When a request for a Photo ID Badge is received, the signature is checked to verify that it matches the signature on file. It is important that the signatures are current. Changes in staffing or responsibilities will require a new Signature Authorization Form. All submissions are subject to approval by Hospital Administration.

**I. HOSPITAL/SCHOOL**

	Ronald Reagan UCLA Medical Center		Semel Institute
	SMUCLAMC and Orthopaedic Hospital		School of Dentistry
	Resnick Neuropsychiatric Hospital		School of Nursing
	David Geffen School of Medicine		School of Public Health
	UCLA Faculty Practice Group		

**II. DEPARTMENT (list department as to be printed on badges)**

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**III. SIGNATURES**

SIGNATURE	PRINTED NAME	TITLE	EXT.

**RETURN FORM TO:**

Photo ID and Live Scan Office, 10833 Le Conte Ave, B- 8 153 Semel (Westwood) or  
Photo ID and Parking Office, 1260 15<sup>th</sup> Street, Suite 600 (Santa Monica)