

UCLA Health System Photo ID Application Form Instruction Page

This application must be completed in its entirety and signed by an authorized department personnel coordinator. Type or print all information.

If you have any questions about completing this form call the photo ID office at (310) 825-3258 for further instructions. The photo ID office is located in the Center for Health Sciences (CHS) at 10833 Le Conte Ave Los Angeles CA 90095 on the B-Level of the Semel Institute/NPI building – Room B8-153.

- **Note:** Employees must be in the EDB system for a minimum of 24 hours before an ID badge can be generated.

Applicant Notice

What you need to obtain a UCLA Health System ID badge:

1. This form with all applicable areas completed and signed by an authorized approving agent from your department.
2. Affiliate Supplement completed for non-university employees requiring ID badge.
3. Valid form of picture identification i.e. driver's license, passport, military ID, etc.
4. Applicable fees paid – only for lost/stolen or damaged card.

- **Important:** For renewals, changes in title, or damaged cards – the old ID badge/BruinCard must be surrendered before a new ID badge will be issued.

Lost/Stolen and Damaged Processing Directions:

1. Take this form to Medical Center Main Cashier's Office, pay applicable fees, and retain the "UCLA Medical Center Cash Receipt" as proof of payment.
2. Bring this form and the Cash receipt to the Photo ID Office to obtain a new ID.
3. Bring a valid picture ID i.e. driver's license, passport, etc. If the ID card has been damaged you must bring the damaged card.

- **Note:** Lost/Stolen and Damaged fees must be paid to the Medical Center Main Cashier's Office before a new ID badge will be generated.

For Cashier's use only

Security Account:	263427	Fund:	63000
BruinCard Account:	266338	Fund:	66338
		Project Code:	HS9600

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DIRECTIONS: Must be completed by Department.

I. Badge Face Design (mark one):

- Medical Center / Resnick Neuropsychiatric Hospital Semel Institute School of Nursing
 David Geffen School of Medicine School of Dentistry School of Public Health

II. Reason for ID badge:

- New Employee Re-hire Dept. Transfer Change in Title/Name
 Damaged (\$6.25 fee) Lost/Stolen (\$22 fee)

III. Appointment Type (Please Type or Print): Faculty Staff Student Affiliate

Employee Name

University 9-digit ID No.

Title

Department

Professional License/Degree (i.e. MD, DDS, PhD, etc.)

Physician Privileges (e.g. credentialed at WW, SM, NPH)

IV. Facility Access:

(A) Visual Designator/Color Border (mark one):

- Red (Administrator, Department Head, Physician, Professor)
 Yellow (Day Shift Employee – No Weekends)
 Blue (Nurse, Student, Rotating Shift Employees – Evening/Night Shift and/or Weekends)

(B) Medical Center / Resnick Neuropsychiatric Hospital or David Geffen School of Medicine Badges ONLY

Does employee require ID badge proximity key card access? Yes No

If yes, please provide access profile: _____

V. Approved by (signatures are valid for 30 days & must be on file in the Photo ID office):

Print Name

Signature

Date

Ext.

Applicant: If this portion of the document is not signed, no ID badge will be produced for you.

BruinCard Terms and Conditions:

I have read and I accept the BruinCard Terms and Conditions, which includes sections regarding use of the card, cardholder account rules, error resolution, lost/stolen cards, unauthorized use of the card and other related University policies.

Print Name

Signature

Date

AFFILIATE SUPPLEMENT
(Photo ID Application Form)

DIRECTIONS: (Type or Print) Additional information is required for Affiliates Only. An affiliate is a non-university employee requiring an ID badge.

Name		

Street	_____	_____
	City	State

Zip	_____	_____
	Phone	SSN (last 4 digits only)

DOB	_____	_____
	Sex	Appointment End Date

NOTE: This supplement must be accompanied by a completed photo ID application for an ID badge to be generated.