

INFOVIEW ACCESS

DEPARTMENT OF MEDICINE

EMAIL FORM TO GITI ZARENIA: gzarenia@mednet.ucla.edu

(1) EMPLOYEE NAME: (Last Name, First Name, Initial)	
(2) EMPLOYEE ID#:	(3) EMPLOYEE TITLE:
(4) AD ACCOUNT:	
(5) JUSTIFICATION: (MANDATORY)	

Authorizer's Signature
Farah Elahi, CAO

MSO Name

Date