

DGSOM VISITING STUDENT PHOTO ID APPLICATION FORM

| APPLICANT INFORMATION | | |
|-----------------------|---------------------------------|----------------------|
| | | |
| Last Name | First Name | MI |
| | | |
| Street Address | | Telephone |
| | | |
| City | SSN (Last 4-Digits Only) | |
| | | |
| State | Zip Code | Date of Birth |

| APPLICANT AGREEMENT AND COMPLIANCE - REQUIRED | |
|--|-------------|
| <p>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.</p> | |
| | |
| Applicant Signature | Date |
| <p>Photo Requirements: 2x2 with solid white background. NO black and white photos, cut-outs, hats, hoods, computer printouts, etc.</p> | |

THE FOLLOWING SECTION TO BE COMPLETED BY UCLA STUDENT AFFAIRS OFFICE ONLY:

| BADGE TYPE | PURPOSE | DESIGNATION |
|---|--------------------|----------------------|
| David Geffen School of Medicine | Affiliate | Blue |
| TITLE | DEPARTMENT | ID NUMBER |
| Visiting Student | School of Medicine | |
| RRUCLAMC PROX ACCESS | | APPOINTMENT END DATE |
| Clinical, ED, OR Locker Room, On-Call Rooms | | |

| APPROVED BY: | | |
|---------------------|------------------|-------------|
| | | |
| Printed Name | Signature | Date |

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