DEPARTMENT OF MEDICINE AIRWATCH ACCESS FORM

Yearly License Fee: $30 per device

1 device per person

FILL OUT EMPLOYEE INFORMATION:

Employee Name:	**AD User ID:**	**Date:**
Employee ID:	**Title:**	
Division:	**Location:**	
FS Code:	**Recharge ID #:**	
Account and Fund #:		
Justification (mandatory):		

Authorizer Signature

MSO Signature

Farah Elahi, CAO

Print Name

Print Name

Date

Date

Complete, print, sign & e-mail form to Giti Zarenia (gzarenia@mednet.ucla.edu)