

BRUINCARD READER ACCESS REQUEST

Date: _____

User's Name (last, first): _____

Department: _____

User's Email: _____

UID (required): _____

User's status: **Faculty/Staff**

Student

Other:

Please grant Bruincard Reader Access:

M-F 7am-10pm Sa-Su 8am-10pm

24/7

Please cancel Bruincard Reader Access effective this date:

Comments: _____

Approver's Name: _____

Approver's Signature: _____

Please note that users MUST be an enrolled student or be a current UCLA employee in order for the Bruincards to be active.

The Bruincard Reader will not respond to Deactivated/disabled cards.