This section to be completed by ACCESS REQUESTOR (print):

Last Name: ___________________________ First Name: ___________________________
Email: ___________________________ Phone Number: ___________________________
Student/Employee ID: ___________________________

☐ Student ☐ Visiting Student ☐ Faculty ☐ Visiting Faculty ☐ Staff ☐ Volunteer

This section to be completed in full by FACULTY and/or SUPERVISOR:
Please enter the applicable Building and/or Room where access is authorized.

Anderson Hall
☐ 24/7 Husky card access
Room# ________
Room# ________
Room# ________

Bloedel Hall
☐ 24/7 Husky card access
Room# ________
Room# ________
Room# ________

Winkenwerder Hall
☐ 24/7 Husky card access
Room# ________
Room# ________
Room# ________

Temp CAAMS badge
(non-UW personnel only)

End date of key requestor’s appointment/job*:
☐ End of Fall ☐ Winter ☐ Spring ☐ Summer: ☐ A-term ☐ B-term Year: ______
☐ Other (MM/DD/YYYY): ___________________________ * Key(s) cannot be issued without an end date.

Authorizer’s Signature: ___________________________ Name (print): ___________________________

For Access Requestor, please read & sign below UPON RECEIPT OF BADGE or KEY(S):

I hereby acknowledge receipt of the badge/key(s) listed above. Although the badge/key(s) will be in my possession, I understand that the badge/key(s) remain(s) the property of the University of Washington. I agree not to release the badge/key(s) to another individual or to duplicate it/them.

I take full responsibility for loss or damage to the badge or key during the time it is in my possession. I understand that I must return damaged equipment to the Director’s Office staff in order to obtain a replacement. Additionally, I will report the loss of any access materials immediately to the school.

I understand that there will be a $20 deposit, which will be fully refunded by check or direct deposit upon return of ALL materials. I understand that there will be a $10 non-refundable fee for replacing the materials. I agree to return the badge/key(s) upon the end date listed above to the Director’s Office, AND107. I understand that graduation records and/or final paycheck may be suspended pending record of returned badge/keys and failure to return ALL materials in a timely fashion would result in the forfeiture of the $20 deposit.

Signature: ___________________________ Date: ___________________________
<table>
<thead>
<tr>
<th>KEY DEPOSIT</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Receipt #:</td>
<td>Date:</td>
<td>Funds rec’d by:</td>
</tr>
<tr>
<td>KEY RETURN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rec’d by:</td>
<td>Date:</td>
<td>Reimbursement XR:</td>
</tr>
<tr>
<td>NOTES:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| For Office Use:     |                                             |                                             |
| Building Pass #:    | Renewed#:                                   | Renewed#:                                   |
| End date extended to: | Date:                                     | Initials:                                  |
| Add to building lists: Anderson □ Bloedel □ Winkenwerder □ Other email list |                                             |