

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

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# _____

For Office Use	
Key	Ret. Date

Winkenwerder Hall

☐ 24/7 Husky card access

Room# _____

Room# _____

Room# _____

Temp CAAMS badge
(non-UW personnel only)

For Office Use	
Key	Ret. Date
Bldg	24/7 access
Anderson	<input type="checkbox"/>
Bloedel	<input type="checkbox"/>
Winkenwerder	<input type="checkbox"/>
Date returned >	

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: _____

KEY DEPOSIT		
Receipt #:	Date:	Funds rec'd by:
KEY RETURN		
Rec'd by:	Date:	Reimbursement XR:
NOTES:		

For Office Use:

Building Pass #: _____ Renewed#: _____ Renewed#: _____

End date extended to: _____ Date: _____ Initials: _____

Add to building lists: Anderson ☐ Bloedel ☐ Winkenwerder ☐ Other email list _____