

This section to be completed by KEY 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 applicable Building and/or Room where access is authorized.

		For Office Use				For Office Use	
		Key	Ret. Date			Key	Ret. Date
Anderson Hall	<input type="checkbox"/> Entry Key			Winkenwerder Hall	<input type="checkbox"/> Entry Key		
Room# _____				Room# _____			
Room# _____				Room# _____			
Room# _____				Room# _____			
Bloedel Hall	<input type="checkbox"/> Entry Key			Misc./Additional			
Room# _____				Location _____			
Room# _____				Room# _____			
Room# _____				Location _____			
				Room# _____			

End date of key requestor's appointment/job*:

- End of Fall/ Winter/ Spring/ Summer/ A-term/ B-term (circle one), Year: _____
 Other (MM/DD/YYYY): _____ * Key(s) cannot be issued without an end date.

Authorizer's Signature: _____ **Name (print) :** _____

For Key Requestor, please read & sign below UPON RECEIPT OF KEY(S):
 I hereby acknowledge receipt of the key(s) listed above. Although the key(s) will be in my possession, I understand that the key(s) remain(s) the property of the University of Washington. I agree not to release the key(s) to another individual or to duplicate it/them.
 I take full responsibility for loss or damage to the key during the time it is in my possession. I understand that I must return a damaged key to the Director's Office staff in order to obtain a replacement. Additionally, I will report the loss of any keys immediately to the school.
I understand that there will be a \$20 deposit, which will be fully refunded upon return of ALL keys. I understand that there will be a \$5 non-refundable fee for replacing a lost key. I agree to return the 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 keys and failure to return ALL keys in a timely fashion would result in the forfeiture of the \$20 key deposit.
 Signature: _____ Date: _____

For Office Use:

Building Pass #: _____ Renewed#: _____ Renewed#: _____
 End date extended to: _____ Date: _____ Initials: _____
 Add to building lists: Anderson Bloedel Winkenwerder Other email list _____

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