REV 06/2026

SEFS - VISITOR ACCESS REQUEST FORM: 7AM-6PM, M-F

Before submitting, please request a Husky Card from the Husky Card Office (huskycrd@uw.edu) to check eligibility.

Visitor information (please print clearly):

Date: _____

Last Name: _____ First Name: _____

Email: _____ Phone Number: _____

Address: _____

Emergency contact name: _____ Emergency Contact phone: _____

Start date: _____ End date: _____ (maximum one year from request date, with potential for renewal)

Anderson Hall

❑ exterior door access
7AM-6PM, M-F

(no interior AND readers)

❑ **AND physical keys**

room_____ key_____
room_____ key_____
room_____ key_____

Bloedel Hall

❑ exterior door access
7AM-6PM, M-F

interior BLD readers

❑ _____
❑ _____
❑ _____
❑ _____

❑ **BLD physical keys**

room_____ key_____
room_____ key_____
room_____ key_____

Winkenwerder Hall

❑ exterior door access
7AM-6PM, M-F

interior WFS readers

❑ _____

❑ **WFS physical keys**

room_____ key_____
room_____ key_____
room_____ key_____

Sponsoring PI approval & attestation:

I understand that by requesting this visitor access, no additional space will be provided and no current employees or students are being displaced

Name (print):_____ **Signature:**_____

Work tags (if required, for background check): _____

Business Purpose: _____

_____

Director approval:

Name: Dan Brown Signature:_____

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

I hereby acknowledge receipt of the access card noted above. Although the card will be in my possession, I understand that the card remains the property of the University of Washington. I agree not to release the card to another individual.

I take full responsibility for loss or damage to the card 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 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 access card upon the end date listed above to the Front Desk. 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.

Visitor's Signature: _____ Date: _____

SCHOOL OF ENVIRONMENTAL AND FOREST SCIENCES **KEY REQUEST FORM**

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 _____
_____