

SCHOOL OF ENVIRONMENTAL AND FOREST SCIENCES

KEY REQUEST FORM 09272015TK

REVISED: 05/05/2015(WS)

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			Winkenwerder Hall		
<input type="checkbox"/> Entry Key			<input type="checkbox"/> Entry Key		
Room# _____			Room# _____		
Room# _____			Room# _____		
Room# _____			Room# _____		
Bloedel Hall			Misc./Additional		
<input type="checkbox"/> Entry Key			Location _____		
Room# _____			Room# _____		
Room# _____			Location _____		
Room# _____			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: _____

Financial Info on reverse

SCHOOL OF ENVIRONMENTAL AND FOREST SCIENCES

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REVISED: 05/05/2015(W.S)

Key Deposit

Receipt # _____ Date _____ funds rec'd by _____

Key Return

Rec'd by _____ Date _____ XR# _____

Notes: _____

For Office Use:

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

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

Financial Info on reverse