

UW Bothell / Cascadia CC - KEY REQUEST/Temporary Access Card FORM

Facility Services Key Control Department - (425) 352-5466

Requester Information Faculty Staff Student **Student's supervising faculty/staff are responsible for collecting & returning keys to Physical Plant at end of assignment*

Period of Assignment (Please specify **both** beginning & end date) _____

Name : (Print) _____ Date Requested: _____

Department / Program / Office: _____

Phone#: _____

Key Information (Shaded areas for Plant use only)

| | | | | | | | | |
|--------------|-----|-----|------|-----|----|-----------|---------|------|
| Building(s): | UW1 | UW2 | DISC | HH | HV | UWBB | Truly | Prox |
| (check) | CCC | LB1 | LB2 | LBA | FS | S. GARAGE | SPECIAL | |

| Room# | Key# | Sec. Lvl. | Issue Dt. | Init. | Ret. Dt. | Init. | Room# | Key# | Sec. Lvl. | Issue Dt. | Init. | Ret. Dt. | Init. |
|-------|------|-----------|-----------|-------|----------|-------|-------|------|-----------|-----------|-------|----------|-------|
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I have read and fully understand all applicable UWB / CCC key policies and procedures, and agree to use the keys that are issued to me by Physical Plant in an authorized manner only and in compliance with the policies.

| | | |
|------------------|--------------------------|---------------|
| Requester' Name | Access Controller's Name | Issuer's Name |
| _____ | _____ | _____ |
| Print | Print | Print |
| _____ | _____ | _____ |
| Signature & Date | Signature & Date | Signature |

* White - UWB Requests * Purple - LIBRARY Requests * Blue - CCC Requests Public Safety, Box 358570

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