



**University of Washington
Department of Physics**

Box 351560 / Rm. C-121, PAT
Seattle, WA 98195

Tel: 206-543-2771
Fax: 206-685-0635

Physics Key Request and Agreement Form

Name: _____ **Date:** _____

Position:

Faculty	<input type="checkbox"/>	Volunteer*	<input type="checkbox"/>	Graduate Student	<input type="checkbox"/>	Hourly	<input type="checkbox"/>	Other	<input type="checkbox"/>
Staff	<input type="checkbox"/>	Post Doc	<input type="checkbox"/>	Undergraduate Student	<input type="checkbox"/>	REU	<input type="checkbox"/>		

*If you are a volunteer, please attach training form

Department:	_____
UW Email/ Net ID:	_____
Student/ Employee ID:	_____

Key(s) Requested: Please format room #'s as wing designation followed by three-digit room # (i.e. B042, C521)

After hours building access? YES <input type="checkbox"/>	Guest CAAMs Card #: <i>(If applicable)</i>	CAAMS end date
Office (room #)	Lab (room#)	Other (room#)

**Advisor/ Supervisor
Authorizer Name** _____
**Advisor/ Supervisor/
Authorizer Signature** _____

I hereby acknowledge receipt of the keys listed above. Although the key will be in my possession, I understand that it remains the property of the University of Washington. I agree not to release it to other persons to use. I further agree not to duplicate it, or alter it in any manner. I am aware that I will be charged \$15.00 per key (\$20.00 for a building key) as a deposit, which will be refunded to me on return of the key(s). Deposits are to be paid by card. In order to receive a lab key issued by the Physics Department, an individual must complete lab safety training. If you have questions about this, please see the Front Office in room C-121.

I take full responsibility for loss or damage to the keys during the time it is in my possession. I understand that I must return a damaged key to the key custodian/coordinator in order to obtain a replacement. I also understand that I forfeit my initial key deposit if a key is lost, and that I must put down a new deposit to obtain a replacement for the lost key. Furthermore, I am aware that if I am a student, I am expected to return or renew my key or keys at or prior to the assigned due date; and that failure to do so will result in a hold being placed on my registration, and also that I will not be allowed to check out any more keys until I have returned or renewed the keys currently in my possession. I understand that failure to return the key upon termination of my current status as an employee/student/visitor of the University of Washington Physics Department will result in the forfeiture of my key deposit.

Signature: _____



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FOR OFFICE USE:

Date		Key(s) Checked out by	
Amount Paid			
Money Received From			
Key(s) Issued			
Keys Renewed	FROM		TO

CREDIT CARD RECEIPT ATTACHED: