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 super returning keys to														t's supervising t g keys to Physic	facult cal Pi	ty/staff are lant at end	resp d of a	onsil ssign	ole for collecting	g &			
Period of Assignment(Please specify both beginning & end date) Name : (Print) Department / Program / Office: Phone#:														Date	Date Requested:								
Key Information (Shaded areas for Building(s): UW1 UW2						r Pla	ant use o	I HE	HH		Γ	HV		luwbb		Truly			Prox]		
(check)			CC		LB1		LB2		LB				FS		S. GA	RA			SPECIAL		-		
Room# Key		#	Sec. Lvl.		Issue Dt.	In	it. Ret.	Ret. Dt.		R	Room#		Key#		Sec. Lvl.	Issue Dt.		Init.		Ret. Dt.	ln	it.	
											7												
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.															at								
Requester' Name							Access Controller's Name							Issue	Issuer's Name								
Print							Print									Print							
Signature & Date * White - UWB Requests * Purple - LIBRA							Signature & Date RY Requests * Blue - CCC Requests								Signat	Signature Public Safety, Box 358570							