KEY ASSIGNMENT REQUEST RECORD

WASHINGTON STATE UNIVERSITY TRI-CITIES

Please fill out and print for signature by Department Director

**Required*

*NAME *(Last, First)*	*WSU ID NUMBER	
WORK PHONE	*WSU EMAIL ADDRESS	
*DEPARTMENT	POSITION	❑ FACULTY ❑ STAFF ❑ STUDENT ❑ TIME SLIP ❑ OTHER _____ *

Please list all keys needed – ie. Entry, Suite, etc. Keys not listed will not be issued.

Fill out these columns only		This area for Facilities Operations use only					
Room	**Building**	**Number**	**Marlock**	**Instructor/Advisor**	**Date Issued**	**Date Returned**	**Date Return Due***

**Enter a date if the key assignment is for a specific period*

I authorize the above named employee of Washington State University Tri-Cities to be issued key, pin and/or access card access as listed above. I understand I am responsible for all campus building/area keys issued to this individual.

Department Director/ Assistant Vice Chancellor Approval Signature | Printed Name & Title | Date

Once approved, bring completed form to Floyd 147 between the hours of 8:30 am & 4:30 pm, Monday through Friday.
WSU ID must be presented prior to access being issued.

KEY AGREEMENT

I agree to use assigned keys, pin and/or access card for official University purposes only. I agree to maintain assigned keys, pin and/or access card in a secure and responsible manner. I will not allow an unauthorized person to use keys, pin and/or access card assigned to me. I further agree to abide by the University policy which forbids me to reproduce a University key, pin and/or access card or allow either to be reproduced. I understand that inappropriate use of University keys, pin and/or access card may subject me to disciplinary action by the University.

I accept that keys and/or access cards shall ***not*** be labeled with space or building identifying text, tags or markings.

I understand that any loss or failure to return an assigned key may subject me to costs of key replacement and/or re-keying. For keys unlocking several doors, replacement and re-keying costs can be substantial. In case of failure to return a key and failure to pay for key replacement and/or lock re-keying, I understand that the University may enforce by all legal means its right to repayment for all costs incident to key replacement and/or lock re-keying, including attorney fees and costs of litigation.

I certify that I have read and understand the above University policy regarding card access, re-keying and key replacement.

Upon leaving WSU Tri-Cities, keys/access cards MUST be returned to Facilities Services.

Signature of Key, PIN and/or Access Card Recipient *(to be signed upon issuance of keys)* | Date

Key Issued By | Date