Key Assignment Record

NAME	DRIVER LICENSE NUMBER AND STATE	WSU ID NUMBER
HOME PHONE	E-MAIL ADDRESS	
LOCAL STREET ADDRESS	CITY, STATE, ZIP CODE	
PERMANENT STREET ADDRESS	CITY, STATE, ZIP CODE	
OFFICE PHONE	OFFICE LOCATION	
DEPARTMENT	POSITION	Fac/Staff ☐ Student ☐ Adjunct ☐

I authorize the above named employee of Washington State University Tri-Cities to be issued key(s) and/or card access as listed below. I understand I am responsible for which individuals are issued keys to all areas in my department/area. I understand that master keys shall not be issued to an employee without the approval of the Vice Chancellor for Finance and Administration. Any employee issued a master key shall keep this key in a lock box except when in actual use. Under no circumstances is it allowable for a master key to be taken off of the WSU Tri-Cities campus.

Department Approval Signature **Date**

Authorizing Signature **Date**

Printed Name & Title

Printed Name & Title

↓ *Fill in these columns only* ↓		*This Area For Facilities Operations Use Only*				
Building	**Room**	**Key**	**Card**	**Date Issued**	**Date Returned**	**Individual's Initials**

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

I understand that any loss or failure to return an assigned key may subject me to costs of key replacement and lock rekeying. In case of failure to return a key and failure to pay for key replacement and lock rekeying, I understand that the University may enforce by all legal means its right to repayment for all costs incident to key replacement and lock rekeying, including attorney fees and costs of litigation.

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

_____ _____

Signature of Key/Card Access Recipient Date