CICOES CAAMS Access and Key Request 3737 Brooklyn Ave NE, Seattle			CAAMS access/key CAAMS access retrieve key		
Sponsor: Please complete the items highlighted in yellow and send to the Building Coordinator			re	nter in "wallacehall" emove from WH list ld to CICOES directory	
CURRENT BUILDING COORDINTOR Fred Averick faverick@uw.edu 206-616-6763 Room 132			cr	emove from directory reate mailbox reate door sign	
What unit is this person in? CICOES AMP Lab eDNA Lab				uilding Coord signature	
Request date:					
Name of person needing access:					
Email address:					
Employee ID # or Student ID #:					
Access end date:					
Status (enter on line):	permanent	gradstuden	t undergrad temp ot	her	
Room #:				_	
Is CAAMS access needed?	Yes	No			
Should person be added to the "wallacehall@uw.edu" email list?	Yes	No	List person in CICOES Yes No online phone directory?		
Does the person need a mailbox?	Yes	No			
Sponsor name:					
Sponsor signature:					
Building Coord signature:					
I hereby acknowledge receipt of the	e following (check all		ess removal/		
Access type	Key number(s)		y return date	Done by	
Husky card access					
Temporary keycard Hard key(s)					
Although the Husky Card, temporary keycard and/or hard key(s) 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. (Word of caution: failure to comply with this agreement will result in deactivation of access privileges and/or revocation of your keys.) I take full responsibility for loss or damage to the Husky Card/ keycard/ hard key(s) during the time it is in my possession. I understand that I must return a damaged keycard/ key(s) in order to obtain a replacement, and if my Husky Card/ keycard/ hard key is lost or stolen, I must immediately notify Building Coordinator.					
I also understand that I <u>must return</u> the H	usky card/ keycard upon	termination of m	y current status at the Wa	allace Hall building.	

Date: ____

CAAMS/key Recipient: