



Key Request Date: _____

First Name: _____ Last Name: _____ UW ID#: _____

Dept./Organization: _____ Lab/Center Name: _____

Key(s) Issued: _____ Return Due Date (if applicable): _____

PLEASE READ THE FOLLOWING STATEMENT BEFORE SIGNING:

Your signature below signifies that you understand and accept the following terms and conditions for use of the issued keys for the Molecular Engineering & Sciences Institute at the University of Washington:

1. Keys are not to be duplicated in any way.
2. If a key is lost or stolen, the undersigned will be financially responsible for the resulting costs. Costs will include replacement charges for keys and may also include rekeying costs for any affected doors at no cost to the University of Washington or the Molecular Engineering & Sciences Institute.
3. Keys must be returned by the Return Due Date indicated above or on demand of building management. Keys not returned on time will be considered lost.

I have read the above terms and conditions for use of University of Washington keys and do hereby agree to follow them.

REQUESTER SIGNATURE	DATE
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PI/MANAGER APPROVAL:

PI/MANAGER SIGNATURE	DATE
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FOR OFFICE USE ONLY:

KEY(S) ISSUED BY:	ISSUE DATE:	KEY(S) RETURNED TO:	RETURN DATE:
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