EPCS 17562

EASTERN WASHINGTON UNIVERSITY

Key Authorization Card

(ONE KEY PER CARD)

KEY RECIPIENT_____

(PRINT) LAST FIRST M.I.

EWU ID #_____ STATUS: ☐ FACULTY/STAFF ☐ STUDENT ☐ TEMPORARY ☐ OTHER

DEPARTMENT_____ BUILDING_____ DOOR # _____

REQUESTING KEY *(NO ABBREVIATIONS)*

As a key recipient, I agree to accept responsibility for this key and to abide by the regulations contained in the EWU Building Regulations. I will return the assigned key to the EWU Key Shop when or before it is due. I understand that failure to comply will result in fines in accordance with EWU Building Regulations.

KEY RECIPIENT SIGNATURE _____

(TO BE SIGNED AT THE KEY SHOP)

KEY SHOP USE ONLY

MASTER CODE_____ HOOK #_____ SERIAL #_____ DATE_____ INITIAL _____

AUTHORIZING OFFICIAL

NAME_____

(PRINT) LAST FIRST M.I. EWU ID#

As authorizing official, I accept full responsibility for the issuance of this key in accordance with EWU Building Regulations.

AUTHORIZING OFFICIAL SIGNATURE_____ KEY DUE DATE_____