Key Application & Agreement

University of Washington
School of Nursing
Office for Nursing Research

1. **READ the terms and conditions. Please note #2!**
2. **COMPLETE this portion of the form, and gather appropriate signatures – (a) KEY USER and (b) KEY AUTHORIZER.**
3. **SUBMIT completed form to the Key Coordinator, Office for Nursing Research, T643.**

Last Name (please print): _____ First Name: _____

Telephone: _____ UW Dept: _____ UW Email Address: _____

IF STUDENT: UW Student Number: _____

IF NO UW NET ID: Mailing Address: _____

City: _____ State: _____ Zip: _____

KEY(S) REQUESTED FOR THE FOLLOWING ROOMS IN NURSING RESEARCH:

_____ _____ _____ _____ _____

I accept the responsibility for the key(s) issued to me and agree to the following terms and conditions:

1. The **keys are the property of the University of Washington**. **I will return them** to the School of Nursing upon termination of my affiliation with the school or upon the request of a school administrator.
2. The **keys are my personal responsibility and will remain in my possession**. I agree not to release them to other persons or to have them duplicated. I am responsible for loss or damage to the keys.
3. **I will report lost keys immediately** to the School of Nursing. **I am responsible for replacement costs of lost keys** in accordance with the school's fee schedule, currently $7.50 PER KEY, and all costs for changing locks if the loss is due to negligence or a violation of this agreement.
4. If I fail to return the keys upon termination of my affiliation with the School of Nursing and/or upon request, I understand the University of Washington may take appropriate action to recover from me the keys and/or fees due.

Signature of Key User: _____ **Date:** _____

Your Faculty PI, Department Administrator, Supervisor (please print): _____

FACULTY PI, DEPARTMENT ADMINISTRATOR, or SUPERVISOR MUST SIGN as KEY AUTHORIZER

- **I AUTHORIZE ISSUANCE OF KEYS TO THE ABOVE APPLICANT for access to the rooms listed above.**
- **I WILL NOTIFY THE OFFICE FOR NURSING RESEARCH when access is no longer needed by this applicant.**
- **I WILL RETRIEVE the KEYS issued and RETURN them to the Key Coordinator in T643 at that time.**

Signature of Key Authorizer: _____ **Date:**_____

RESEARCH OFFICE USE ONLY
This portion of form to be completed by Key Coordinator upon issuance of key(s).

Keys Issued

Room #	**Key #**
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Date: _____

Signature of ONR Key Coordinator:

_____