CWU KEY AUTHORIZATION CARD

Name (type or print):	**Key Holder's Department:**	**CWU ID Number:**

Please mark one:
[ ] Administrator
[ ] Faculty
[ ] Staff
[ ] Student*
[ ] Temporary*

Please mark one:
[ ] Indefinite
[ ] Quarterly

* Per CWU Key Policy, Students, Temporaries, Parents & Student Staff are issued keys on a quarterly basis

X / /

Authorizer's Signature & Date
(Department Chair/Head or Dean/Director)

X

Authorizer's Name and Department *(print)*

X

Key Holder's Signature **
(To be signed at Lock Shop upon issuance of keys)

***ID is required to obtain keys**

***ONE KEY PER LINE PLEASE**

Building	Room	Key Code	Lock Shop Notes

Issued by: (over)

Date:

*** Key holder signature denotes receipt of listed key(s). CWU Key Procedure outlines key holder responsibility with university keys.*

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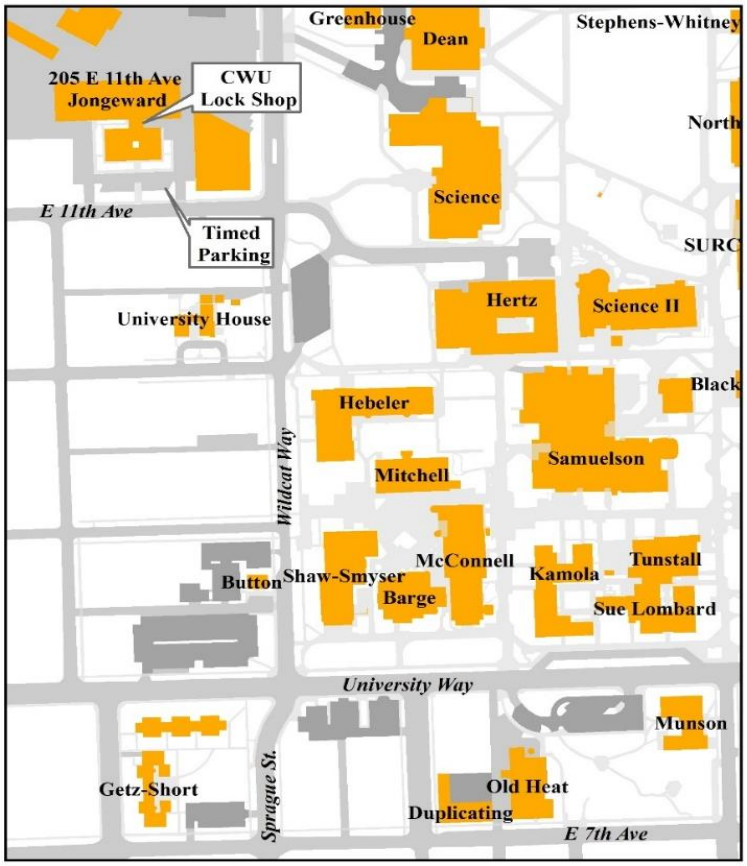
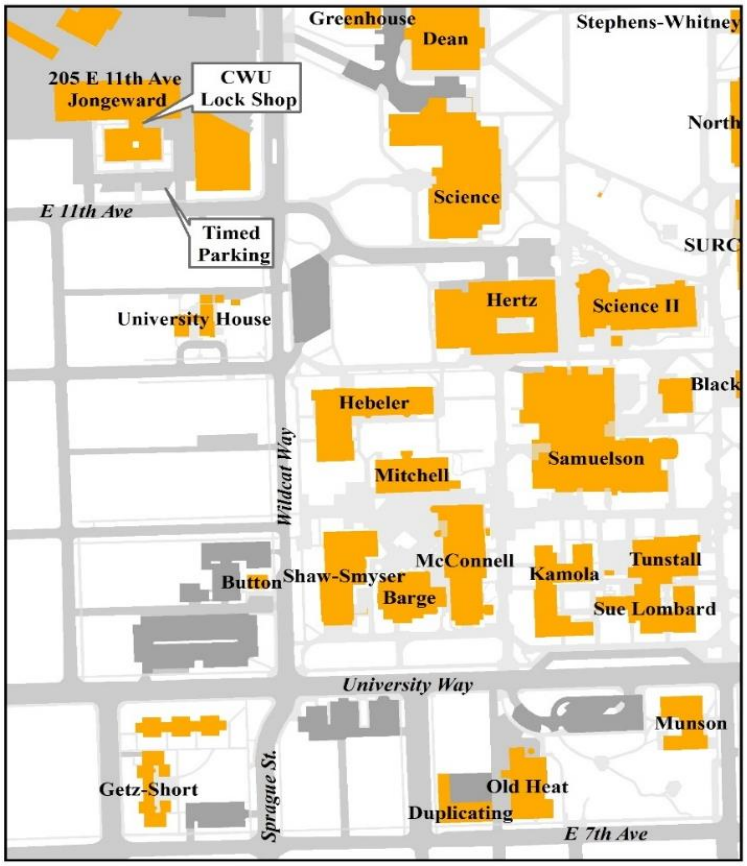
Additional Keys:

Building	Room	Key Code	Lock Shop Notes



Additional Keys:

Building	Room	Key Code	Lock Shop Notes