

Key Request Form

South Whidbey School District

Personal Information:

Last Name: _____ First Name: _____

Campus: _____ Position: _____

Sport, if coach: _____

Cell Phone: _____ email: _____

Home Address: _____

Badge:

Badge #	ID #	Access Areas	Date Issued		Signature

Return Date: _____ Card Status: _____

Metal Keys:

Site / Room	Key #	Key Stamp	Date Issued	Initials	Date Returned	Initials

Acknowledgement of Responsibility:

I accept responsibility for all SWSD keys issued to me and will follow related rules and regulations with regard to security of the district property within the areas assigned to me. I understand that I am the only person authorized to use keys assigned to me and will not allow use of my key(s) by unauthorized persons. I understand that there will be a \$50 replacement fee for lost keys.

Name: _____ Signature: _____ Date: _____

Supervisor Authorization:

Name: _____ Signature: _____

Badge Access Areas: date to expire:	Metal Key Access Areas:
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