

KEY FORM

For use of this form see Building Access Procedures

1. SCHOOL/FACILITY	2. REQUESTOR NAME
3. EMPLOYEE (KEYHOLDER) NAME	4. JOB TITLE
5. PROXY NUMBER	6. RESERVED

7. NATURE OF REQUEST

Check all that apply

<input type="checkbox"/> New Key	<input type="checkbox"/> Lock Not Working	<input type="checkbox"/> Program Proxy	<input type="checkbox"/> Deactivate Proxy
<input type="checkbox"/> Lost Proxy	<input type="checkbox"/> Lost Key	<input type="checkbox"/> Employee Transfer	<input type="checkbox"/> Key Not Working
<input type="checkbox"/> Proxy Not Working	<input type="checkbox"/> New Proxy	<input type="checkbox"/> Other (see notes)	

8. ROOM NUMBER(S) + EXTERIOR:

9. EXTERIOR DOOR LOCATION:

10a. TRANSFER FROM:

10b. TRANSFER TO:

10c. EFFECTIVE DATE:

11a. REPLACEMENT ISSUED DATE:

11b. PROXY NUMBER:

Notes:

AUTHORIZATIONS

NAME / BUILDING	SIGNATURE
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Email completed form to: badgeactivations@usd305.com