Genesee Joint School District No. 282
P.O. Box 98 Genesee, Idaho 83832
Phone (208) 285-1161
FAX (208) 285-1495
IHSAA 1A SCHOOL OF EXCELLENCE

Genesee School Security Access Control Form

Recipient Name: _____

Recipient Role:
☐ Administrative Staff ☐ Athletics/Activities Staff
☐ Teaching Staff ☐ Vendor/Contractor
☐ Support Staff ☐ Community Member

Card/Key(s) Issued:
☐ Door Access Card – _____
☐ "A" Key (master) ☐ "AA" Key (common access)
☐ Other: _____
_____

I acknowledge that I have been issued the above key(s) and/or electronic access credentials and agree to comply with all district policies regarding facility access as stated in Board Policy 9500: Security. I understand that:

- Access is for my use only and may not be shared, loaned, duplicated, or transferred.
- Lost or stolen keys or credentials must be reported immediately.
- All keys and access credentials must be returned or deactivated upon separation from the district or at the end of the authorized access period.
- I may be financially responsible for property damages, key and/or key card replacement, rekeying, or reprogramming costs resulting from loss, misuse, or failure to return access items.

Signature of Recipient: _____ Date:_____
Authorized by (Administrator): _____ Date:_____
Card/Keys Issued by: _____ Date:_____

Return Information:
Signature of Individual: _____ Date:_____
Received By Name: _____ Date:_____