

Approved: August 12, 2002
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KEY AND SWIPE KEY CHECKOUT FORM

Name: _____ Birthdate: _____
 Last First Middle Int.
Address: _____ City: _____ State: _____ Zip: _____
Phone Number (Daytime): _____ Evening: _____
 Cell Number: _____ E-mail: _____

I accept responsibility for the key and/or swipe key I am receiving. I agree to follow all the facility use policies and procedures of the Evansville Community School District. If a lost or stolen key requires the replacement of any cores, I realize I am responsible for paying a cost of \$25 plus \$10.00 per core not to exceed a total of \$100.00. I agree to return the key to the principal or designee within 48 hours of the completion of the activity, or by date _____.

_____ Date _____ Signature

Special Instructions:

Any concerns we need to be aware of? _____

PLEASE DO NOT WRITE BELOW THIS LINE

List all keys checked out and key numbers:
Door or area _____ Key number: _____

I.D. from outside users: _____

Date Key Returned: _____ Signature of Building Principal: _____

Signature of Person Receiving the Form: _____