

WEST JEFFERSON SCHOOL DISTRICT #253
KEY REQUISITION FORM

NAME: _____ DATE: _____

POSITION/EVENT: _____
(Teacher, Coach, Advisor, Event, Etc.)

REQUESTING ACCESS TO: _____

ACCESS DATE(S): _____

I accept responsibility for the key/keys issued, and agree to the following terms:

- I will not loan the keys.
- I will check and lock all doors.
- The building and grounds will be left the way they were found or better.
- Keys will be returned to the District Office after event or position has ended.

SIGNATURE OF PERSON MAKING REQUEST: _____

APPROVED BY: _____ DATE: _____

APPROVAL COMMENTS: _____

KEYS ASSIGNED:

Key# _____ Building or Room# _____

Key# _____ Building or Room# _____

Key# _____ Building or Room# _____

Key# _____ Building or Room# _____