



Key Control Authorization Form

Name: _____ Position: _____ Work Area: _____

	Check for Yes	Initial	Check When Returned	Initial
District Master Key <i>Authorized only to the Director of Schools, COO, Facilities Mgr., Building Maintenance Mgr., and Operations Foreman</i>				
Administrative Building Access Key <i>Central Services, Greenwood, Operations, Central Services South, and administrative bldg. SROs</i>				
School Building Master Key <i>Principals, Assistant Principals, Custodians, and SROs</i>				
Proximity Card				
Building Alarm Code				
Work Area Key				
Special Area: _____ <i>Theater, Gym, Library, etc.</i>				
Lockers Control Key				
Kitchen Key				
Portable Classroom Key				
Cabinet/Desk Key				
Athletic Facility <i>(specify quantity and location)</i> _____				
Other Key <i>(specify quantity and location)</i> _____				

I acknowledge receipt of all keys/cards/codes indicated by marking “Yes” and initialing above. I am responsible for all keys/cards/codes in my possession and understand that a \$14.00 replacement fee will be assessed for all lost keys, a \$3.00 replacement fee for all lost proximity cards, and all costs associated with changing an alarm code (OPS-A008). I understand that it is a violation of CMCSS policy to allow anyone other than myself to use a CMCSS key/card/code.

_____ Signature

_____ Date

If keys/cards were not returned, please explain why: