



CLINT INDEPENDENT SCHOOL DISTRICT FACILITIES & CONSTRUCTION SERVICES

MASTER / SUBMASTER KEY INVENTORY / SIGNATURE CARD

Name: _____ Position: _____
Last First

Last 5 (SSN): ____ - ____ Ext: _____ Home Phone: ____ -- _____

Home Address: _____

City: _____ State: _____ ZIP: _____

Key Number: _____

Acknowledgement of responsibility for proper use of keys:

I acknowledge receipt of the keys listed below and assume full responsibility for their proper use until returned to the Clint Independent School District Maintenance Department. In particular, I understand that I will not make or allow other to make duplicates of keys to any facility owned or controlled by Clint Independent School District. I will not loan, barter, sell or give the keys entrusted to me to anyone. **“Keys will be used only by authorized personnel and will never be loaned to students”**. I am aware that to do so is a violation of the District Policies and Procedures. For record keeping purposes, forward this form to the Facilities & Construction Services Department.

Signed: _____ Date: _____

Campus / Facility: _____

Classroom / Room # _____

Date Issued: _____

Date Returned: _____

APPROVED: _____ DATE: _____
Principal / Administrator

Authorized by: _____ Date _____
Director of Facilities & Construction Services

Approved

Denied