ASD-W
Anglophone School District West

Appendix A

Key / Access Card Form

Please print and complete all information in Sections 1, 2, and/or 3.

Section 1 – ACCESS USER INFORMATION

Last **Name:**	*First*		**Employee #:**
School:	**Dept:**	**Ext #:**	**Date:**
Email:			
Contract Type:	**Position:**		**Contract Expiry Date:**
Reason for Request:	☐ New	☐ Lost/Stolen	☐ Change of Access ☐ Damaged
Supervisor Name:	**Supervisor Signature:**		

Section 2 – KEY REQUEST

Door		
1		
2		
3		
4		

Section 3 – CARD REQUEST

Door	Hours of Access	Days of Access	Expiry Date
1			
2			
3			
4			

FACILITIES / ITSS Use Only

Locksmith	**Key Code/Inventory #**	**Key Wizard #**	**Date Issued**	
	1			
	2			
	3			
	4			
Access Administrator	**Access Level Granted/Removed**	**Access Card #**	**Issued**	**Expire**
	1			
	2			
	3			
	4			

ACKNOWLEDGEMENT & SIGNATURES

Section below to be completed upon receipt of access

I acknowledge the receipt of the above-mentioned key(s) and/or card access. I agree not to loan, transfer, give possession of, misuse, modify or alter the key(s) and/or access card(s). I also agree not to cause, allow, or contribute to making any unauthorized copies of the above key(s) and/or access card(s).

I understand that violating this agreement may render me responsible for expenses related to re-keying doors and affected areas. I also understand that I must immediately report any lost/stolen key(s) and/or access card(s) to ITSS.

All keys and cards are property of Anglophone West School District. I understand that if I lose my key(s) and/or access card(s) This must be reported immediately and /or do not return the key(s) and/or access card(s) within a week of my last day of employment at ASD-W the cost of the key(s)/card(s) will be your responsibility.

Issued on:

Signature of Access User / **Signature of Security Officer** / **Date**

Returned on:

Signature of Access User / **Signature of Security Officer** / **Date**