CLINT INDEPENDENT SCHOOL DISTRICT DEPARTMENT OF

FACILITIES & CONSTRUCTION

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: _____ _____
Chief Operations Officer Date

☐ Approved ☐ Denied