



### Key/Swipe Card Authorization Form

This form must be completed in its entirety. We will not accept a form that has been hand written.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Employee ID: \_\_\_\_\_ Job Title: \_\_\_\_\_

School Building Name: \_\_\_\_\_ Dept. Name/Phone: \_\_\_\_\_

Assignment Beginning: \_\_\_\_\_ Assignment Ending: \_\_\_\_\_

Building	Room	Key Issued Swipe Card Issued	Date Issued	Date Returned
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Total Number of Keys/Swipe Cards Requested \_\_\_\_\_

Department Head Name \_\_\_\_\_  
Name Print

Department Head Name \_\_\_\_\_  
Signature Date

Principal/Director \_\_\_\_\_  
Name Print

Principal/Director \_\_\_\_\_  
Signature Date

***It is hereby agreed that, at termination, all keys/swipe cards will be returned to the Facilities Office before a final check is issued.***  
 Student teacher/intern will only receive swipe card access upon payment of \$10 refundable deposit. Refund will only be made if entire undamaged card is returned to Facilities Office upon completion of assignment.

Agreed and Received: \_\_\_\_\_  
Print

Agreed and Received: \_\_\_\_\_  
Signature Date

#### Human Resources Office Only

Person Requested for: \_\_\_\_\_

Above person is:

- New Staff Member     
  Student Teacher/Intern     
  Contractors \_\_\_\_\_  
 Long Term Guest Teacher     
  Other/Repeat Vendor

**REP Information on file or attached:**

- SSN     
  DOB     
  Cooperating Teacher     
  Racial/Ethnic Category

All required information has been obtained. The above named individual is released for issuance of an Avondale School District authorized identification badge/keys       Yes     No

\_\_\_\_\_  
HR Signature