**Ballard County School District**

**Key Request, Justification & Authorization**

**Key Holder Information:**

* **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Position (s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Requested Access Locations: (Facility, Door Location, Room#, Key# if known, etc.…)**

* **Name of Building(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Classrooms\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Other Areas \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Justification for access to requested locations:**

* **Please list reason(s) for access to requested location(s).**

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**Authorization: (Principal, Director of Facilities or Superintendent)**

* **Principals may authorize access to their facilities with no further authorization.**
* **Access to Athletic Facilities by other than school employees require the Athletic Director to complete the request and get authorization from the Director of Facilities or Superintendent.**
* **Master Keys require Authorization from the Director of Facilities or Superintendent.**
* **The Authorizing Authority has verified the following.**
	+ **A current background check is on file with the board office.**
	+ **The Key Holder has been counseled on the following: facilities safety, security and keys are not to be used by anyone but them. Keys will be returned immediately upon end of employment, key holder justification is no longer valid, etc.**
* **Key Holder and Authorizing Authority are responsible for getting keys returned to Maintenance Department.**

**Key Holder Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_**

**Principal Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_ Date:­­\_\_\_\_\_**

**Athletic Director Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_**

**Facilities Director Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_**

**Superintendent Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_**