



Uintah School District ID and Access Authorization Form

Date: _____

Employee Name: _____

Employee Title (check one)

Dr.

Mr.

Mrs.

Ms.

Miss.

Other (please specify) _____

The above named individual is authorized to have an access card for the following location(s):

School or Facility*

Access Level* (check one)

ID only (no access)

24 hours per day – 7 days per week

6 to 10 – 7 days per week

6 to 10 – 5 days per week

8 to 5 – 5 days per week

Other, (please list specific days and times) _____

*If access is required to more than one facility, each respective site administrator must sign and note access times on this document.

Administrator Signature: _____