

Uintah School District Key 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 a key for the following location(s):

Key # Issued To: Issue Date: Return Date: Rcd. By:

School or Room*

*If keys are required to more than one facility/room, each respective site administrator must sign and note requested keys on this document.

Administrator Signature: _____ Date: _____