

**SECURITY ACCESS SYSTEM REQUEST FORM**  
**ALL PERSONNEL MUST USE THEIR OWN CARD TO ACCESS BUILDINGS**

Name \_\_\_\_\_

(Circle all that apply:)

Elementary          Secondary          Coach          Other (explain below)

Room # \_\_\_\_\_ Telephone Extension # \_\_\_\_\_

(If above numbers not applicable, please include:)

Home Phone Number \_\_\_\_\_ Cell Phone \_\_\_\_\_

District Position/Assignment \_\_\_\_\_

Supplemental Position(s) held \_\_\_\_\_

\_\_\_\_\_

Check Preference:     Lanyard style     Clip-on style

Dates Access Needed	Time in (a.m./ p.m.)	Time out (a.m./ p.m.)	Door(s) Requested	Key(s) Requested	Reason Access Needed

\_\_\_\_\_  
Principal/Assistant Principal  
approve    deny  
\_\_\_\_\_  
Date

\_\_\_\_\_  
Superintendent  
approve    deny  
\_\_\_\_\_  
Date

\_\_\_\_\_  
Facilities Manager  
approve    deny  
\_\_\_\_\_  
Date

\_\_\_\_\_  
Date programmed

Copy to Athletic Director

**NOTE: Security access will be programmed only for times approved by Principal Superintendent and Facilities Manager.**