ALVARADO ISD OPERATIONS DEPARTMENT

PO Box 387 ♦ 110 South Bill Jackson Drive
Alvarado, TX 76009
Phone: (817) 783-6807
Fax: (817) 783-6892

KEY CONTROL FORM

Requesting Company/Organization _____

Requester Name _____ Date: _____

By signing below I recognize that the key(s) issued to me today are the property of Alvarado ISD. I acknowledge receipt of the key(s) designated below. I also agree to follow Alvarado ISD district policy in regards to my use and possession of said keys and to not to loan, transfer, give possession of, misuse, modify or alter the below key(s). I further agree not to cause, allow or contribute to the making of any unauthorized copies of the below key(s) or any other key(s) belonging to the District without express permission of the District. I understand and agree that violation of this agreement may render me responsible for the expense of a re-lock for any affected areas. I also acknowledge that the cost of such re-lock could run into thousands of dollars depending upon the level of key lost. If any key(s) are lost or stolen, I will report the lost or stolen key(s) to my immediate supervisor. I will return all keys issued to me upon District request or employment termination. All keys must be returned before a final check will be released. Failing to return key(s) will result in reimbursement /restitution being deducted from my final check. I will pay Alvarado Independent School District the amount of $10.00 per key. This amount is in addition to any re-locking charges accrued. I understand and agree that any willful violation or infraction of any part of this agreement shall be considered full and sufficient cause for disciplinary action against me which may include termination of employment.

Location	Room #	Make	Description	Key #	Qty.	Date Returned	Received By

Requester Signature _____ Date _____ Issuer Signature _____ Date _____