

School Year \_\_\_\_\_



**Burlington Community Schools**  
**Access Card/Building Key Authorization Form**  
**PLEASE PRINT**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Address: \_\_\_\_\_

Circle Title: Mr. Mrs. Ms. Miss Dr. Coach

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Building(s) Assigned: \_\_\_\_\_

Department: \_\_\_\_\_

Access Card #: \_\_\_\_\_

All Keys Issued: \_\_\_\_\_

*Any loss of access card(s)/building key(s) must be reported to both the building principal and Supervisor of Buildings and Grounds immediately. A written notification of the loss should be completed and forwarded to both the building principal and Supervisor of Buildings and Grounds on the next school day.*

*School personnel will be issued access card(s)/building key(s) for the same specific building entrance unless there are special accessibility requirements. Special requests should be placed in writing to the building principal.*

*By accepting the identified access card(s)/building key(s), I agree to immediately report any loss to the appropriate school personnel. I further agree not to give possession of the access card(s)/building key(s) to any other person or allow any copies to be made of the access card(s)/building key(s). I understand that any violation of this agreement may result in disciplinary action.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Circle appropriate job position below.**

- |               |              |                     |                 |                  |            |
|---------------|--------------|---------------------|-----------------|------------------|------------|
| Secretary     | Principal    | Rental Group        | Sub Nurse       | Administrator    | Visitor    |
| Counselor     | Computer Op. | Assistant Principal | Nurse           | Food Service     | Driver     |
| Associate     | Teacher      | Custodial           | Coach/Athletics | Sub Food Service | Sub Driver |
| Sub Associate | Sub Teacher  | Sub Custodial       |                 |                  |            |

Community Contract: (Circle appropriate description)

Date Contract Received \_\_\_\_\_

Community Group/Organization:

Scouts

YMCA

PTO

Other \_\_\_\_\_

Approved: 07/17/06

Reviewed: 11/21/11  
05/22/17  
11/07/22

Revised: \_\_\_\_\_