

MONROE #1 BOARD OF COOPERATIVE EDUCATIONAL SERVICES

Daniel T. White
District Superintendent



James P. Colt, Ed.D.
Coordinator of School Safety and Security

KEY / ACCESS / SECURITY CLEARANCE REQUEST

This form is to acquire Keys, Access Cards, and Codes to be used in secured and/or alarmed areas. Please fill in all the information necessary and obtain the appropriate signatures.

Please print legibly. All information must be filled in completely.

Name Department

Title Phone Date

Check sections that apply

I. Key Building Room # (must be provided)
Are you a new employee? yes no
Is this a replacement key? yes no
If so, was your key lost or stolen?
Please list any other keys in your possession
** I am aware that any keys no longer of use must be returned to the Security Office** please initial

II. Access Card Building Room(s)
Work hours
Days of week needed

III. Security Code Building Room(s)
Have you had a code in the past for any areas? yes no
Is this code still active? yes no
Write a four-digit code that you will easily remember.

Supervisor's Signature Date

Assistant Superintendent Date

*Only necessary when requesting master level keys.