CENTER POINT INDEPENDENT SCHOOL DISTRICT

MASTER / SUBMASTER
KEY INVENTORY / SIGNATURE CARD

Name:_____ _____ Position:_____
Last First

Last 5 (SSN):____-_____ Ext:_____ Home Phone:_____--_____

Home Address:_____

City:_____ State:_____ ZIP:_____

Key Number:_____

Acknowledgement of responsibility for proper use of keys: I acknowledge receipt of the keys listed below and assume full responsibility for their proper use until returned to the Center Point Independent School District.. In particular, I understand that I will not make or allow other to make duplicates of keys to any facility owned or controlled by Center Point Independent School District without the prior written approval of the Support Services Department. I will not loan, barter, sell or give the keys entrusted to me to personnel not employed by Center Point Independent School District. I am aware that to do so is a violation of the District Policies and Procedures.

As per the CPISD Lock and Key Policy and Procedures, under Lost Keys:

> "Lost keys shall be reported to the Support Services Department and immediate Supervisor. The employee who was issued the key shall complete a "Key" form and shall be assessed a $30.00 fee for a replacement key. The person to whom the key was issued is responsible for its use. Fees to re-key the affected locksets may be assessed to the party who lost the key.
> **In the event that a Building Master Key or Sub-Master Key is lost, the person losing the key will be held liable for costs incurred in re-pinning all areas accessible to the lost key."**

Signed:_____ Date:_____

Campus / Facility:_____

Classroom / Room #_____

Date Issued:_____

Date Returned:_____

APPROVED:_____ DATE:_____
Principal / Administrator