

CUBA INDEPENDENT SCHOOL DISTRICT



**Cuba Independent School District
Access Card Release Form**

Recipient Name: _____

Position: _____

Employer: _____

Key #: _____

Explanation of need for access card: _____

By signing this form, I accept responsibility for the use of this card; these responsibilities include:

- Keep the card safe from loss or theft.
- Lost or stolen access cards are a security threat. Report the status of the card as soon as possible, if the card is ever lost or stolen.
- Only use the card for authorized access related to my job responsibilities. *Please note that all card access of buildings is electronically logged.
- Do not lend your card to others.
- Replacement cards will require a \$10 replacement fee.

Access Card Recipient:

Signature Date

Requesting Administrator:

Signature Date

Card Issuing Staff Member:

Signature Date

Superintendent:

Signature Date