**Purpose:** This form provides authorization by a principal to designate another individual at their school site to make requests for keys or access control cards. It is the principal’s responsibility to manage keys assigned to your school site.

**Directions:** 1) Identify your school site, 2) School year for which this designation will be made. A new Key Authorization Form will be required each school year, 3) Your name and signature, 4) The name and signature of your designated person, 5) Scan and email this form to the Administrative Assistant, Maintenance and Operations.

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**School Site**  
______________________________  
**School Year**  
______________________________

**Administrator Name**  
______________________________  
**Administrator Signature**  
______________________________

**Designated Person Name**  
______________________________  
**Designated Person Signature**  
______________________________

I grant the designated person, listed above, the authority to act on my behalf as the access control designee.

**Signature**  
______________________________  
**Date**  
______________________________