



**CHILDRESS INDEPENDENT SCHOOL DISTRICT
LOST KEY REPORT FORM**

_____ *First Name* _____ *Last Name* _____ *Middle Initial*

_____ *Campus*

TO KEY CONTROL DEPARTMENT:

This is to report that the above named person has lost their key(s) on _____ under the following circumstances:

and,
Request that a replacement key(s) be issued.
Other: Explain: _____

Key(s) lost/needed:

_____	_____	_____
_____	_____	_____
_____	_____	_____

Campus Administrator:

_____	_____	_____
<i>Name</i>	<i>Title</i>	<i>Date</i>

<i>Signature</i>		

Superintendent or Designated Representative:

Approved by: _____	_____
<i>Signature</i>	<i>Date</i>

Key Clerk:

Key(s) issued by: _____	Date: _____
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