



**CHILDRESS INDEPENDENT SCHOOL  
DISTRICT  
KEY REQUEST FORM**

\_\_\_\_\_ *First Name*                      \_\_\_\_\_ *Last Name*                      \_\_\_\_\_ *Middle Initial*

\_\_\_\_\_ *Campus*

**TO KEY CONTROL DEPARTMENT:**

This is to request that the above named person receive a key(s) for the following reason(s):

**Key(s) needed:**

_____	_____	_____
_____	_____	_____
_____	_____	_____

**Campus Administrator:**

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

**Superintendent or Designated Representative:**

Approved by: \_\_\_\_\_ *Signature*                      \_\_\_\_\_ *Date*

**Key Department:**

Key(s) issued by: \_\_\_\_\_ *Signature*                      Date: \_\_\_\_\_ *Date*