

10.16a Access Device Sign Out Form

Name: \_\_\_\_\_

Building (circle one):    DFE      PHS      PJHS      RES      RMS

Key fob / card swipe card number: \_\_\_\_\_

Key number: \_\_\_\_\_

**By signing this form, I take responsibility for the access devices under my care. If lost, I agree to pay \$25 for replacement.**

\_\_\_\_\_

\_\_\_\_\_

Signature

Date

10.16a  
04/11/2006  
Rev. 05/09/2006