

**GOSHEN COUNTY SCHOOL DISTRICT NO.1
KEY REQUEST**

BUILDING _____

EMPLOYEE NAME _____

DATE _____

Quantity	Core Numbers	Building	Key or Core

Reason for key request(s) _____

Principal Signature

Date

SEND THIS FORM TO THE CENTRAL ADMINISTRATION OFFICE FOR FINAL APPROVAL

For Office Use Only:

_____ Approved	_____ Not Approved
_____ Superintendent/ Designee	_____ Date

_____ Received By - Print Name	_____ Received By - Signature
_____ Building	_____ Date

ANY LOST KEYS WILL RESULT IN THE FOLLOWING CHARGES TO THE EMPLOYEE:

- Standard Key \$250.00
- Master Key \$500.00