

# Student Elevator Key Use Agreement

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Student Name (Print): \_\_\_\_\_

Elevator Key #: \_\_\_\_\_

Date Issued: \_\_\_\_\_

Return Date: \_\_\_\_\_

## Terms of Use

- This key is issued for personal use only due to a verified medical need.
- Do not share, duplicate, or misuse the key.
- Key must be returned by the date indicated above.
- Loss, theft, or misuse may result in:
  - Disciplinary action
  - A replacement cost of \$20.00 will be assessed.

## Acknowledgment

By signing below, I acknowledge receipt of the elevator key and agree to the terms stated above.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Initials: \_\_\_\_\_

Return the completed form to the security office before the elevator key is issued.