



Nauset Regional Middle School

Fob Key Sign Out & Agreement

I, \_\_\_\_\_ understand that all fobs issued to me by the Nauset Regional Middle School remain the property of Nauset Regional Middle School and are to be returned to the issuing authority immediately on completion of the school year or if instructed to do so. I will not loan or use the fobs issued to me in any unauthorized manner. I will ensure the fobs are either in my possession or appropriately secured at all times. I accept responsibility for the cost of replacement fobs and any associated damage or losses should I lose the fob or should the fob be lost, stolen or misused in my possession.

I understand that my failure to adhere to terms of this agreement could result in immediate confiscation of fob.

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PRINT NAME	SIGN NAME	DATE
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Person requesting fob: _____ Position: _____
Hours requested for: (Select all that apply)
A. Monday-Friday
B. Saturday&Sunday
C. 24 hour access
D. Other _____
Reason for needing fob for selected hours: _____
_____
_____
*Please note that these are reviewed and subject to be modified as seen necessary.

<b>Dr. Minkoff Signature:</b> _____
<b>Approved For:</b>

<i>For Office Use:</i>
<b>CORI Checked Performed:</b>
Yes <input type="checkbox"/>
No <input type="checkbox"/>