

SENNETT MIDDLE SCHOOL  
ROOM KEY REQUEST

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

I am requesting a key to room number \_\_\_\_\_ for the purpose  
of \_\_\_\_\_.

I take full responsibility for the use of the key. I understand I must turn the key  
in to the main office on or before the last day of the school year.

Signature: \_\_\_\_\_

- ☐ Approved  
☐ Not approved

\_\_\_\_\_  
Principal Signature

\_\_\_\_\_  
Date

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