

## ADDITIONAL KEY FOB REQUEST

Only the primary account holder may request the issuance of additional FOBs for people in their authorized list of pick-ups.



Please, complete this form and return it to the Assistant Director. The new FOBs will be coded and distributed in within one week.

Full Name of student(s):

Classroom / Teacher:		
FOBs needed:		
- \$20 per device + \$20 depo	osit per device = \$40 per key fob.	
Fob User First Name	Last Name	Reason
		Additional / Replacement
Total number of FOBS:	x \$40 =	
The state of the s	romote a secure campus environme accountable for their FOBs and shall	
	ssing Borders upon withdrawal from on file within 2 weeks of receiving a	•
	do not know them. If someone you og"), and you feel unsafe, please let th	
	immediately to Crossing Borders so the fee for an additional plus deposi	•
Please charge my account on file.		
Parent Signature:		Date: