

Facility Access/Magnetic Lock Keycard Record & Agreement

Last Name: _____

First Name: _____

Home Address: _____

City: _____ **State:** NC **Zip Code:** _____

Home Phone: _____ **Work Phone:** _____

Cell Phone: _____

Preferred Email: _____

Ministry Name: _____

Day(s) of Use: _____

Time(s) of Use: _____

Alarm Code #: _____

Keycard #/Identifier: _____

Keycard Issue Date: _____

Return Date: _____

I agree to abide by the guidelines in the “Facility Access/Magnetic Lock Keycard Policy” of which I have received a copy. I will return this keycard upon request of Immaculate Conception Church. I will not make any copies of this keycard and will treat this keycard as confidential and sensitive property of Immaculate Conception Church.

Print Name: _____

Sign Name: _____

Date: _____

Keycard Issued By: _____

Title: _____