



SAN ANTONIO INDEPENDENT SCHOOL DISTRICT

NON-SCHOOL HOURS ACCESS APPROVAL FORM

School/Department Name: _____

Address of School/Department: _____

Administrator authorizing access: _____

Name(s) of person(s) approved for access:

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Area/Department approved for access: _____

1. Does the individual(s) have a key to gain entry? Yes No

2. Does the individual(s) have an alarm code? Yes No

[If the answer is No to question 1 or 2 above then an administrator must be present to allow employee access.]

3. Will this be a weekly or frequent event? Yes No

Dates for authorization / From: _____

To: _____

Signature of Administrator/Designee

Date

Please **fax** this form to SAISD Police at 210-228-4612 no later than 4:00 PM
indicating who is authorized to be in the building after hours the next day.

For any additional information, contact SAISD Police Dispatch at 271-3124.