Last Name:	First Name:
STM Ministry Leader of	
Telephone Number:()
Home Address:	
Email Address:	
Your Key Code Number is:	
Faith Formation Building on (D from: am/pm to	e what applies): Church, Parish Center, and ay of the week) am/pm. facilitate the entry to electronically access-
controlled building entries on the pro	· · · · · · · · · · · · · · · · · · ·
for access to the appropriate areas of Card. I understand that I should not	issued in my name as the sole authorized person STM. I will NOT allow any other person to use my open the door for others that do not have their own speak to someone in the Parish Center office during
I will not prop open doors as this will	activate a security alert.
I will make sure the doors of the room and lights and ceiling fans are turned	n/facility I use are properly closed before I leave, off.
	TELY notify Mrs. Anne Fischer 3095, if my STM Access Card is lost, missing, will immediately deactivate my card, before
I acknowledge that I have read, under received my St. Thomas More Access	rstood, and agreed to this agreement. I have Card.
Print Name:	Signature
Access Card Issued to me by	on