

RED RIVER PARISH PUBLIC SCHOOLS
DEPARTMENT OF SAFETY AND SECURITY
Employee Badge Return Form

First Name:	Last Name:
Date:	Separation Date:
Position:	
Campus/Building:	Number of Badges Returned:
Employee Signature:	
Principal/Designee Signature:	

***Return Badge to the Technology Department to be deleted and destroyed.**

Receiving Technology Personnel:

****Return completed form to the Safety and Security Coordinator**