One-card Return – No Replacement Required

Work Location: ________________________________________________________________

Name as it appears on the One-card: ____________________________________________

Employee Complete

Check one of the following:

☐ Resigned – effective date __________________

☐ Retired – effective date __________________

Cardholder’s Signature: ___________________________ Date: __________________

Administrator Complete

Check one of the following:

☐ Resigned – effective date __________________

☐ Retired – effective date __________________

☐ Terminated – effective date __________________

Administrator’s Signature: ___________________________ Date: __________________

Return this form and card to: Office of School Safety
9600 Pulaski Park Drive, Suite 118
Baltimore, MD 21220

TO BE COMPLETED BY THE OFFICE OF SCHOOL SAFETY ONLY:

Returned by employee/administrator on: __________________

Reviewer’s initials: ___________________________ Date: __________________