**REQUEST TO REMOVE PROPERTY FROM CAMPUS Form**

Requested By (Print Name): _____

Position Title: _____ Email Address:_____

Department_____ Name of Department Chair: _____

| No. | Description | Serial No. |
|---|---|---|
| 1 | | |
| 2 | | |
| 3 | | |

Off-campus address where property will be used:

_____

_____

Period of Use: ____/____/____to ___/___/___
***(Not to exceed one year)***

Purpose of Use:

_____

_____

_____

*I hereby knowledge receipt of the above property, accept full responsibility for it and agree to reimburse FAU for any damage or loss resulting from my negligence. I also agree to conform to university procedures including annual inventory certification and certification of the return of the property to the campus.*

_____
Requested By (Signature) Date

_____
Department Chair (Signature) Date

_____
Dean of College/ Designee (Signature) Date

*Please return to AH 52, Room 214 or email to Katherine Wilson-McCoy at kwilsonmccoy2016@fau.edu*