# UNIVERSITY OF ALASKA
# AUTHORIZATION FOR OFF CAMPUS USE OF UNIVERSITY EQUIPMENT

Description: _____

Property Tag #: _____ Serial #: _____

Campus: _____ Department: _____

Name:_____ Address: _____

City: _____State: _____ Zip:_____

Home Phone: _____ Work: _____email: _____

Reason for off Campus use: _____

Location of equipment while off campus: _____

Date equipment will be returned to campus: _____

Date equipment was checked out: _____

Equipment check out/received by (signature):_____

**THE RETURN DATE MUST NOT BE LONGER THAN THE TIME REQUIRED TO COMPLETE THE UNIVERSITY PROJECT BUT IN NO CIRCUMSTANCE LONGER THAN 1 YEAR**

_____ _____ _____

Approving Signature | Title | Date

**APPROVAL MUST BE FROM SUPERVISOR OR HIGHER LEVEL AS PRESCRIBED BY YOUR CHANCELLOR OR VICE PRESIDENT**

Form retention:

1. Original authorized form will be retained by employee removing equipment from campus.
2. A copy will be retained by the person authorizing this form.
3. A copy will be retained by the office where the equipment is normally kept.

_____ _____

Date equipment returned to campus | Property check in/ received by (signature)

Comments

Reset Form | Print Form