

APPROVAL TO TAKE EQUIPMENT OFF CAMPUS

Print Form after filling out for approval

Requestor	Requestor's Department
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CURRENT LOCATION OF EQUIPMENT			
Department	Building	Room	
LOCATION WHERE EQUIPMENT WILL BE MOVED			
Address	City	State	Zip
Phone:		Anticipated Return Date:	

LIST ALL EQUIPMENT, FURNITURE, ETC.		
Description	Decal Number	Serial Number

Requesting permission by:	
I'm Requesting permission to take equipment off campus for the purpose of doing business for Kennesaw State University	
Requestor (Print Name)	Signature and Date

Approved by:	
Department Head (Print Name)	Signature and Date

Approved by (IT-related equip):	
Director of ITS (Print Name)	Signature and Date

Authorized in Asset Management System by:	
Inventory Control (Print Name)	Signature and Date

A copy of this form is to be maintained in the files of the using departmental office. Please send the completed form with signatures to Asset Management (assetman@kennesaw.edu). If the equipment is IT-related UITS will also need a copy for their records.