

University of Alaska
Authorization For Off Campus Use of University Equipment

Description _____

Property Tag # _____ Serial # _____

Campus _____ Department _____

Name: _____ Address: _____

Phone: wk _____ hm: _____

Reason for off Campus use: _____

Location of equipment while off campus: _____

Date equipment will be returned to Campus: _____

Date equipment was checked out

Equipment checked out/received by (Signature)

**THE RETURN DATE MUST NOT BE LONGER THAT THE TIME REQUIRED TO COMPLETE
THE UNIVERSITY PROJECT BUT IN NO CIRCUMSTANCE LONGER THAT 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 checked in / received by (signature)

Comments:

