



**SAM HOUSTON STATE UNIVERSITY
PROPERTY OFFICE**

REQUEST TO REMOVE EQUIPMENT FROM CAMPUS

ASSET OWNER
DEPARTMENT NAME: _____

ASSET OWNER
ORGANIZATION NO: _____

I, the undersigned, request authority to remove Sam Houston State University property for purposes of performing official business of the University relating to my duties as an employee. I understand that I am accepting responsibility for information security for data stored on any computer or technological related equipment lost or stolen. In accepting responsibility, I agree to notify Information Technology if there is a possibility for sensitive information being compromised. I will immediately report to the appropriate local law enforcement official and University Police Department when theft occurs. I understand that I assume pecuniary responsibility for this equipment and I shall be pecuniary liable to the State for the loss thus sustained by the State.

***When equipment is returned, send a copy of this form with return date and Original Requester's and/or Department Head's signature to the Property Office.**

SHSU TAG #	DESCRIPTION	SERIAL #

I certify that the equipment will: (check one):

Remain in my possession

Be sent for repair Vendor Name: _____ Vendor Address: _____

PRINTED NAME OF REQUESTER SIGNATURE SAM ID PHONE NUMBER

DEPARTMENT REQUESTING POSSESSION REQUESTING ORGANIZATION NUMBER



Please refer to **FFIMAST** in Banner to verify that the asset tag number, serial number, and description are correct on this form.

SIGNATURE OF DEPARTMENTAL CUSTODIAN
OR EQUIPMENT MANAGER

SIGNATURE OF PROPERTY COORDINATOR