



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                          DATE

\_\_\_\_\_  
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