

**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 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 checked in / received by (signature)

Comments: