

**Off-Campus Property Request Form
University of Arkansas**

NAME _____ DATE _____

POSITION _____ COLLEGE _____

DEPT _____

EQUIPMENT INFORMATION

UA TAG NO. _____ **MAKE** _____

MODEL _____ **SERIAL NO.** _____

DESCRIPTION _____

REASON FOR OFF-CAMPUS USE (Please be as specific as possible)

LOCATION OF OFF-CAMPUS USE _____

EXPECTED DATE OF RETURN _____

X _____
SIGNATURE OF INDIVIDUAL IN POSSESSION OF PROPERTY

DATE

X _____
SIGNATURE OF DEAN/DEPARTMENT HEAD

DATE