



STATE UNIVERSITY OF NEW YORK
COLLEGE OF OPTOMETRY

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Property Removal Authorization (fillable PDF)

Individual's Name (print) _____ Department/Unit _____

Supervisor's Name (print) _____ Department/Unit (if different) _____

The undersigned is granted permission to remove the property specified below from College premises. Save this authorization; you will be asked to produce it by University Police. If this equipment is being borrowed out, please ensure that the property control officer is notified when it is returned. Please allow 2 to 3 days for this request to be processed.

Describe Asset: _____

Was this asset on loan? Yes ___ No ___

If yes, from whom (Entity name)? _____ Original date taken in _____

Is this asset going out on loan? Yes ___ No ___

If yes, to whom (individual and entity names)? _____ Date anticipated to return _____

SUNY property? ___ RF Property? ___ Other (who owns this?) _____

Property Control # _____ Serial # _____

Purpose for removal (please be explicit and, if possible, attach photo)

Has the equipment been used to collect patient care, human research or other protected data?

Yes ___ No ___

If yes, then Information Security Officer must authorize below

Will the equipment be transferred overseas? Yes ___ No ___

If yes, then Office of Sponsored Programs must authorize below

I accept full responsibility for the above described equipment while in my custody. I will ensure that all data contained in computer equipment being taken is securely protected from unauthorized access. I will ensure that any equipment being returned to a lender, is scrubbed of any confidential data.

Employee's Signature _____ Date _____

Supervisor's Signature _____ Date _____

Sponsored Program Signature (for export controls) _____ Date _____

Signature of Information Security Officer _____ Date _____

Signature of Property Control Officer _____ Date _____