

OFF-CAMPUS PERMIT

File #: _____

Phone: (646)660-6052 - Fax: (646) 660-6031
 Email: propertymanagement@baruch.cuny.edu

Public Safety will send completed form to Facilities Property Coordinator.

Last 4 Digits of SS #: _____

Borrower Name: _____

Date Taken off Campus: _____

Address of Borrowed Property: _____

City: _____ **State:** _____ **Zip:** _____

Borrower Signature: _____

Department Name/Number: _____

Building: _____

Floor/Room: _____

Phone/Fax: _____

Email: _____

AUTHORIZATION
<p>Provost/VP/Dean _____ <small style="margin-left: 200px;">Signature</small></p> <p>Director/Chairperson _____ <small style="margin-left: 200px;">Signature</small></p> <p><small>The signatures of the department Chair/Director/Dean/VP authorize the loan of the property listed herein to the person bearing this form, to be used in connection with his/her employment by the College. With the understanding that he/she is required to return said item(s) if resigning or otherwise leaving the employment of the College for audit, annual inventory and/or upon demand by the College.</small></p>

DEPARTMENT LIAISON
<p>_____ <small style="margin-left: 100px;">Name (Print)</small></p> <p>_____ <small style="margin-left: 100px;">Signature</small></p>

SIGNATURES REQUIRED AT EXIT
<p>Security Office</p> <p>_____ <small style="margin-left: 100px;">Name (Print)</small></p> <p>_____ <small style="margin-left: 100px;">Signature</small></p> <p>Removed by</p> <p>_____ <small style="margin-left: 100px;">Name (Print)</small></p> <p>_____ <small style="margin-left: 100px;">Signature</small></p>

Dept. #	Description	Manufacturer	Model	Serial #	Barcode	Reason for use	Est. Return

Date Returned to Department: _____

Department Liaison: _____ Signature

Property Coordinator: _____ Signature