

# OFF CAMPUS PERMIT

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Send completed form to Property Coordinator. Attach additional page if needed.

Employee Name: \_\_\_\_\_  
 Date Taken off Campus: \_\_\_\_\_  
 Equipment Location: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Signature: \_\_\_\_\_

Department Name: \_\_\_\_\_  
 Building: \_\_\_\_\_  
 Floor & Room Number: \_\_\_\_\_  
 Phone & Fax Number: \_\_\_\_\_  
 Email: \_\_\_\_\_

### AUTHORIZATION

Provost/VP/Dean \_\_\_\_\_  
 Signature & Date

Director/Chairperson \_\_\_\_\_  
 Signature & Date

The signatures of the department Chair/Director/Dean/VP authorize the use of campus use 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 the item(s) if resigning or otherwise leaving the employment of the College, for University audits, annual inventory and/or upon demand by the College.

### DEPARTMENT LIAISON

\_\_\_\_\_  
 Name (Print)

\_\_\_\_\_  
 Signature & Date

### SIGNATURES REQUIRED AT EXIT

#### Public Safety

\_\_\_\_\_  
 Name (Print)

\_\_\_\_\_  
 Signature & Date

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

Property Coordinator: \_\_\_\_\_

Signature/Date