

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 Associate Dean

\_\_\_\_\_  
DATE

Please return form to Associate Dean, GRAD ED 306