

**SIGNATURE AUTHORIZATION
FOR PROPERTY INVENTORY RECORDS**

As _____ of the _____ ,
(TITLE) (DEPARTMENT NAME)

I hereby designate _____ as my representative for
(TYPE OR PRINTED NAME)
signing the following forms: (1) Property Removal Permit (2) Equipment Move Request and (3) Equipment Transfer Request.

I understand that I am still personally responsible for all equipment transactions of this department and that this authorization is valid for only the forms specified above. This authorization is valid through August 31, 19 _____ , unless revoked in writing prior to that date.

Signature: _____
Dean/Chairman/Department Head

Date: _____

Signature: _____
Designee

Forward: Original to Inventory Office
Forward: Canary to University Police Office
Retain: Pink Copy for Department File