

# Asset Return Form

**PLEASE FILL OUT ON COMPUTER**

Department: \_\_\_\_\_ Last Day: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

ID Number: \_\_\_\_\_ Email: \_\_\_\_\_ Extension: \_\_\_\_\_

Position Title: \_\_\_\_\_ Office Location: \_\_\_\_\_

Is this user being replacing? If so, by whom? \_\_\_\_\_

List of Seminary Owned Assets that were used with this position:

Asset	Asset Tag #	Description
Desktop		
Monitor(s)		
Desk Phone		
Laptop		
Cell Phone		
Tablet		
Printer		

Print Name of Authorizing Supervisor: \_\_\_\_\_

Signature of Authorizing Supervisor: \_\_\_\_\_

## For Campus Technology Use Only

Date Received: \_\_\_\_\_

Assets Verified: \_\_\_\_\_ Date Verified: \_\_\_\_\_

Updated Inventory List: \_\_\_\_\_ Date Updated: \_\_\_\_\_

Signed off by: \_\_\_\_\_