



At Home / Off Campus Form for

Please return the completed form to the Property Management Office

Please Check One

At Home

Off Campus

Borrower's Name:
(Please print) _____

Department Name:
(Please print) _____

Borrow Date: _____

Building: _____

Address of Borrowed Property : _____

Floor / Room: _____

Phone / Fax: _____

Authorization Given To:

Signature Required at Exit:

Borrower's Signature: _____

Property Manager:
(Please print) _____ **Date:** _____

Chairperson/Director/Dean: (Please print) _____
(Please sign)

(Please sign) _____

Security Officer:
(Please print) _____ **Date:** _____

(Please sign) _____

The signatures of the department Chair/Director/Dean 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 or for audit, annual inventory and/or upon demand by the College

CUNY Tag #	Description	Manufacturer	Model #	Serial #	Comment / Purpose	Estimated Date to be Returned

Property Management Office Use for Re-Certification:

I certify that the above property is still on loan and in my possession:

Signatures Required at Return:

Borrower Name:
(Please print) _____

Borrower Signature:
(Please sign and date) _____

(Please sign and date) _____

Property Manager:
(Please sign) _____