

# OFF CAMPUS PERMIT

Send completed form to Property Coordinator.

Phone: (646)660-6543 Fax: (646) 660-6541  
 Email: [Property.Management@baruch.cuny.edu](mailto:Property.Management@baruch.cuny.edu)

**Employee Information**  
**Employee Name:** \_\_\_\_\_  
**Email:** \_\_\_\_\_  
**Department:** \_\_\_\_\_  
**Equipment Location:** \_\_\_\_\_  
**Date Taken off Campus:** \_\_\_\_\_  
**Employee Signature:** \_\_\_\_\_

**Authorization**  
**Department Head:** \_\_\_\_\_  
 \_\_\_\_\_  
 Print Name  
**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	Description	Manufacturer	Model	Serial #	Barcode	PO#	Est. Return

**Public Safety (Required At Exit)**

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Property Coordinator**

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_