

Asset Authorization Form

PLEASE FILL OUT ON COMPUTER

New Employee

Name/Position Change

Department: _____ Hire Date: _____

First Name: _____ Middle Name: _____ Last Name: _____

ID Number: _____ Email: _____ Extension: _____

Position Title: _____ Office Location: _____

Is this user replacing another? If so, whom? _____

List of Seminary Owned Assets that come 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: _____