



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) _____

Borrow Date:

**Address of Borrowed
Property :**

Department Name:

(Please print) _____

Building:

Floor / Room:

Phone / Fax:

Authorization Given To:

Signature Required at Exit:

Borrower's Signature:

**Chairperson/Director/
Dean:**

(Please print) _____

(Please sign)

Property Manager:

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

(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) _____