



# PROPERTY OFFICE OFF-CAMPUS USE PERMIT FORM

## CHECK OUT INFORMATION

Department/Sub-department		Name of person in custody of the asset (Please print)	<input type="checkbox"/> Faculty/Staff
			<input type="checkbox"/> Student
Asset #:		Asset Description:	
Serial #:		Current Condition: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
Date Property Checked-out:	Purpose for off-campus use:		

If Student: Birthdate \_\_\_\_\_ Driver's License # \_\_\_\_\_ State \_\_\_\_\_

User understands that the equipment is the property of Texas A&M University-Corpus Christi. If user fails to return the equipment when due or requested, the equipment will be reported as stolen and user is subject to criminal prosecution of a state felony. Punishment could include confinement in a state jail ranging from 180 days to two years.

I understand that the above-listed property is to be used to conduct official Texas A&M University-Corpus Christi business or instruction.

I understand that I am responsible for the property listed above while it is on loan to me. I will exercise reasonable care of this equipment and safeguard it against theft, damage, and misuse.

I agree to keep the laptop with me at all times. I understand that I am personally responsible if it is lost, stolen, or damaged. I will pay all repair/replacement costs resulting from damage or loss (including theft) of the laptop and its accessories while it is checked out in my name. Determination of liability is made after the University Police Department conducts an investigation and by Department Head.

Upon return staff member will verify that all equipment pieces have been returned. I will allow sufficient time for this process.

I acknowledge that TAMU-CC and the department is not responsible for damage to files or removable media caused by viruses that may exist on the network or spread through the network, or that may exist on the laptop or spread through the laptop.

\_\_\_\_\_  
Borrower's Signature

\_\_\_\_\_  
Date

**Individual identified above is authorized to remove the above described property as requested from the Texas A&M University Corpus Christi campus.**

\_\_\_\_\_  
Accountable/Alternate Property Officer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Head/Director Signature

\_\_\_\_\_  
Date

**Both signatures required for authorization. Please forward a copy of this signed form to [inventory@tamucc.edu](mailto:inventory@tamucc.edu).**