



Form D

Fixed Asset Loan Form

Property Control

Please check one: Administrator ☐ Faculty ☐ Staff ☐ Student ☐

(print) Name: _____ UID: 90

Department: _____ Location: _____

Email: _____ Extension: _____

Home Address: _____

City/State/Zip: _____ Home/Cell Phone #: _____

Please fill in the information below and answer the two questions that follow.

Description (include make and model)	Inventory Tag #	Service Tag # (if applicable)	Serial #	Date Received

A new form must be completed for each asset, AND each device must be encrypted prior to check out.

1) Were you issued an Asset ID Card with this device? (If electronic this is a must) Y or N

2) Will sensitive information (i.e., SSN, DL number, DOB, addresses, etc.) with combination of first and/or last name, credit/debit card number, bank account number, and/or UID be stored/accessed on this device? Y or N

I agree to abide by the policies established for checking out or in Chicago State University equipment. I understand that I may be required to verify my identity when equipment is in my possession. I understand that I am responsible for the equipment while it is in my possession and agree to accept responsibility for the equipment should it become lost, stolen or damaged due to my negligence. This responsibility may include payment or replacement cost if equipment is lost, stolen or damaged. The end user agrees to make available for visual inventory inspection purposes upon Property Control's request. **This form should be kept on file for the responsible Fiscal Officer's records.*

End User Signature: _____ Date: _____

Fiscal Officer Signature: _____ Date: _____

Complete upon return of asset and Asset ID Card. If the card is missing, request a new one from Property Control.

Fiscal Officer Print Sign and Date: _____

End User Print Sign and Date: _____