

PLEASE PRINT AND AFFIX TO EQUIPMENT

Specialized Equipment Release Form

Equipment Information

Name/Type:				Year of Purchase:			
Make/Model:			Has this equipment been cannibalized?		Yes	No	
Current Status	Fully Functional	Minor Issue	Broken	Calibration Required?		Yes	No
If not fully functional, what issues exist?							
Please list all missing or broken parts:							
What was this equipment most often used for?							
Why is this item being sent to surplus?							
CCART # (if any):			Work Order # (if any):				

Sender's Information

Full Name:			UT EID:	
E-mail:		Phone Number:		
Department/Organization:				
Signature of Sender:			Date: (dd/mm/yyyy)	

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