

CASTS Pre-Surplus Request Form

(items going on disposal request form)

Department: _____

Date Requested: _____

Requested by: _____

Phone: _____

Contact Person: _____

Phone: _____

**All data and software on the items listed below will be permanently deleted.
The hard drive in the equipment will be removed and destroyed.**

Item Information

<u>Serial Number</u>	<u>Inventory Number</u>	<u>Make</u>	<u>Model</u>	<u>Building</u>	<u>Room</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

PERMISSION TO DESTROY:

(faculty/staff user) (date)

(department head) (date)

DESTRUCTION COMPLETED BY:

(technician) (date)

(method(s) used)