



## ASSET RELOCATION AUTHORIZATION FORM

### INSTRUCTIONS:

Complete all sections regarding the State, Research Foundation, University Auxiliary Services or University at Albany Foundation asset(s) you wish to relocate on campus.

Asset Number/Tag Identification	Item Description	Serial Number	From: Building/Room	To: Building/Room	New Department Name	New Inventory Account Number

**INFORMATION SECURITY CERTIFICATION:** The undersigned acknowledges that the surplus IT equipment listed above has been prepared for disposal, transfer and/or sale by erasing all data in a manner that ensures it cannot be retrieved. For example:

- Hard drives(s) have been forensically wiped
- All removable media (e.g. diskettes, USB's, tapes, CD's) have been removed
- Cell phones and PDA data has been removed and the instrument has been reset

\_\_\_\_\_  
Name of Certifier (Please Print)

\_\_\_\_\_  
Signature of Certifier

\_\_\_\_\_  
Date

### TRANSACTION APPROVED

Account Manager's Signature:	Date	(OEM) Property Control Officer's Signature:	Date

Department Contact: \_\_\_\_\_ Inventory Account Number: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Please Print Name)