UNIVERSITY AT ALBANY
State University of New York

Division of Finance and Business
Institutional Services
Office Of Equipment Management

PH: 518/437-4596
FAX: 518/437-4571

Management Services Center 302
1400 Washington Avenue
Albany, New York 12222

PROPERTY STATUS CHANGE REQUEST FORM

INSTRUCTIONS: Complete all sections regarding the **State** owned asset(s) you wish to declare surplus. A staff member from the Office of Equipment Management will notify you of the status of your request. Please retain the asset(s) in a secure location until the Office of Equipment Management takes possession. Please mail or fax the form to the Office of Equipment Management.

Asset Number/Tag Identification	Item Description	Serial Number	Building/ Room	Condition Code

Condition Codes:

Excellent: New
Good: Used, does not need repair
Poor: Limited use, requires repair
Scrap: Non-repairable

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)