



**WRIGHT STATE**  
**UNIVERSITY**

**Permission to  
Use Equipment  
Off Campus**

**Property Records**  
301 University Hall  
3640 Colonel Glenn Hwy.  
Dayton, OH 45435-0001  
(937) 775-3101  
FAX (937) 775-2834

Name of employee using equipment \_\_\_\_\_

Department name \_\_\_\_\_

Department number \_\_\_\_\_

Proposed Off-Campus address \_\_\_\_\_

\_\_\_\_\_

Date equipment leaving campus \_\_\_\_\_

Date equipment will return to campus \_\_\_\_\_

By signing this document, I certify that the equipment below is being utilized for purposes of Wright State University, and that I will take reasonable precautions to ensure its safety.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please list all equipment and component parts:**

WSU number	Description	Model number	Serial number

**(Attach additional sheet, if necessary)**

**Approvals:**

I approve of the employee named above using the equipment listed above at the off-campus address given and certify that the purpose given is accurate.

Department head name \_\_\_\_\_  
please print

Department head signature \_\_\_\_\_ Date \_\_\_\_\_

The equipment listed above was returned to campus on \_\_\_\_\_ as verified by

\_\_\_\_\_, Department Head.