

# Transfer of Equipment Form

Date of Request: \_\_\_\_\_ Campus: \_\_\_\_\_

Current Room #: \_\_\_\_\_ Teacher: \_\_\_\_\_

PN-G Tag #	Serial Number	Description of Equipment

Requested Location Change: Room # \_\_\_\_\_ Campus: \_\_\_\_\_

Reason for Request:

\_\_\_\_\_  
Teacher Signature                      Principal Signature                      Date

***Please send the completed Transfer of Equipment form to the Technology Department for final approval.***

\_\_\_\_\_ Approved      \_\_\_\_\_ Denied

Comments: