CHANGE OF EQUIPMENT LOCATION and / or DEPARTMENT

Print, complete, and return to:
UMASS Lowell Property Office - Use Interoffice mail: Property Office / Wannalancit 425P or
FAX: 3004
(Dept. Head/Dean/Director must sign this form ONLY if equipment changes department)

Requestor's Name:_________________________ Department Name:_________________________

Requestor's Phone:________________________

- Tags: use any of the following 1) Yellow CTag 2) Blue NTag 3) Red RTag 4) Green GTag

<table>
<thead>
<tr>
<th>*Tag Number (if available)</th>
<th>Item Description</th>
<th>Model Number</th>
<th>Serial Number</th>
<th>Old Location</th>
<th>New Location</th>
<th>New Department and Custodian (if applicable)</th>
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I affirm that I have removed all data and files from any computer changing departments

______________________________ _________
Dept. Head/Dean/Director (print) Date

New Department and Custodian (Assumes all further responsibility)

______________________________ _________
New Department and Custodian

Dept. Head/Dean/Director (print) Date