

Home Use Permit Authorization for Off Campus Use of CSUCI Equipment

T&C Services	
One University Drive	
Camarillo, CA 93012	
Phone (805) 437-8402	
judy.frazier@csuci.edu	
Recipient of Equipment: Faculty * Staff	Other
Employee Name:	Department:
Employee's Building/Office Location:	Office Phone:
Equipment Description:	
Serial Number: Asset 1	Гag Number:
I accept responsibility for the CSUCI equipment, listed above	e. I understand the following terms and conditions:

- University equipment is to be used only to conduct University business.
 - Any unauthorized use of the equipment is prohibited.
 - Upon separation of employment, I agree to complete the established campus separation and
 - clearance process and assume financial responsibility for any unreturned equipment.
 I am required to keep a copy of this form with me whenever transporting the equipment as I may
 - be asked to provide proof of permission to remove it from the University.
 Contact Property Coordinator for any returns and/or exchanges of equipment.
 - Information Technology Policies apply to all users of University computers, regardless of
 - location. Policies can be read online or downloaded from http://www.csuci.edu/it/policy.htm. Pay special attention to policy on Confidentiality and Security.

Employee – Print Name	Signature	Date

Superv isor – Print Name Signature Date * Supervisor of record for all faculty is the Dean/Assoc. Dean of Faculty

Please keep a copy of this form with the laptop & return the original form to Judy Frazier in the T&C Department.

For Property Coordinator Use Only:

Date Returned/Exchanged: _____

New Location and/or New Disposition: _____