



## Marketing & Redistribution (M&R) Form

Item Number	Permanent Tag Number	Asset Description w/Serial Number (asset name, model #, color)	Campus Location	<b>ITS ONLY</b> Hard Drive Removed	<b>FACILITIES ONLY</b> Received
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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Contact Name for Pickup                      Contact Building and Room Number                      Contact Phone Number

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Department Head Relinquishing Property                      Signature                      Date

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Financial Services Representative                      Signature                      Date

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IT Services Representative                      Signature                      Date

**IMPORTANT:** Hard drives in items **MUST** be certified as destroyed by IT Services signature above  
**BEFORE** Facilities Management will receive them.

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Facilities Management Representative                      Signature                      Date

**ATTACH ADDITIONAL SHEETS AS NEEDED**



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