



**RELEASE OF PROPERTY ACCOUNTABILITY FORM  
(Used for annual physical inventory only)**

Accountable Department Chair/Director \_\_\_\_\_ Date \_\_\_\_\_

Department Name \_\_\_\_\_ Department Code \_\_\_\_\_

The above referenced Accountable Department Chair/Director requests relief from accountability for property described below. The Accountable Department Chair/Director is required to receive Environmental Health & Safety certifications when items are contaminated or pose health hazards and certify their safety prior to removal.

Item No.	Property Tag No.	Description	Item Cost	Disposition Number

**DISPOSITION:**

- \_\_\_ 1. **Missing Current Inventory**
- \_\_\_ 2. **Stolen**                            Issuer must attach a copy of Campus Police Report.
- \_\_\_ 3. **Damaged or Destroyed**      Advise details by attachment.
- \_\_\_ 4. **Removed by Environmental Health & Safety**
- \_\_\_ 5. **Replaced by Other Equipment.** Was item traded in? \_\_\_Yes \_\_\_No PO#/Bid Ref# \_\_\_\_\_
- \_\_\_ 6. **Cannibalized Equipment**      Attach copy of Inventory Request Form
- \_\_\_ 7. **Surplus Equipment**             Attach copy of Inventory Request Form
- \_\_\_ 8. **Transferred Equipment**      Attach copy of Inventory Request Form
- \_\_\_ 9. **Not Owner of Equipment** *Belongs to Department* \_\_\_\_\_
- \_\_\_ 10. **Specify other** \_\_\_\_\_

I hereby certify that the above is a true and complete statement of reasons for the above request.

Department Chair/Director Signature \_\_\_\_\_

Inventory Control Approval \_\_\_\_\_

Send original to Inventory Control