

CASTS Pre-Surplus Request Form
(Items Going on Disposal Request Form)

Department: _____

Date Requested: _____

Requested By: _____

Phone: _____

Contact Person: _____

Phone: _____

All data and software on the items listed below will be permanently deleted.
The hard drive in the equipment will be removed and destroyed.

Item Information

Serial Number	Inventory Number	Make	Model	Building	Room

Permission to Destroy: _____

(Faculty/Staff User)

(Date)

(Department Head)

(Date)

Destruction Completed By: _____

(Faculty/Staff User)

(Date)

(Department Head)

(Date)