

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

Permission to Destroy: _____

(Faculty/Staff User)

(Date)

(Department Head)

(Date)

Destruction Completed By: _____

(Faculty/Staff User)

(Date)

(Department Head)

(Date)