

Equipment Removal Form

UUHSC Data Center

Contact Information:

Name: _____ Position _____
Email address _____ Work phone _____
Cell phone _____ Pager # _____
Director _____ Director Phone _____

Equipment information

Equipment contact person: _____

Machine Name: _____

Serial Number(s): _____

Manufacturer: _____

Model: _____

Operating System: _____

IP Address: _____

Current rack location: _____

Removal date: _____

Is removal temporary? Yes No (Circle one)

If yes then what is the expected return date: _____

Is equipment being shipped directly from the Data Center? Yes No (Circle one)

If yes, please indicate shipping address and any special shipping instructions below

Signatures:

Employee signature

Director's signature

Data Center Manager's signature