



### Faculty & Staff Technology Asset

<i>First Name</i>	<i>Middle Initial</i>	<i>Last Name</i>
Printed Name of Individual Needing Access		

<i>Unit</i>	<i>Department</i>	<i>Immediate Supervisor</i>
Employing Department Information		

<i>Building</i>	<i>Room #</i>	<i>Extension#</i>
Campus Location		

*Computer Description*  
(make & model)

### Technology Assets Assigned

<i>ASU Asset #</i>	<i>Serial #</i>	<i>Asset Type</i>
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#### Acknowledgement of Understanding of ASU Asset Management & Acceptable Use Policy

By my signature below, I confirm that I have read and understand the above statement and that a copy of the institution’s Asset Management and Acceptable Use Policy has been provided to me. I also confirm that I understand the consequences of violation and that I will comply with this policy and will immediately report any violations to the appropriate supervisor.

\_\_\_\_\_  
Signature of Individual Requesting Access

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Individual’s Immediate Supervisor

\_\_\_\_\_  
Date

**Please return this form to the Information Technology Department.**