

Number:	
(Leave Blank)

AUTHORIZATION TO USE UNIVERSITY PROPERTY IN AN OFF-CAMPUS LOCATION

TERMS OF LOAN: The property described below is loaned to the user named below for the mutual benefit of the user and the University, and is to be used for the purpose of instruction, experimentation, research or administrative support. Said property is subject to return at the end of the authorization period noted below. The University will not pay any transportation charges in connection with this authorization.

Lending Department:					
Department Address:		NAME			
		,	ΓΙΤLE		
Danartmant Phona		AGENCY OR CAMPUS			
Department Fnone.			TELEPHONE NUMBER	₹	
U.C. Property No. (If applicable)	Equipment Serial Number.	Description Including all component parts (Make model, etc.)	, Order or Reference No.	Cost/Value	
Reason for loan:					
Condition of property	at time of loan:				
Location of property d	luring loan period: _				
Period of Authorization: From:		to	to(Not to exceed 1 year)		
University of Californ University of Californ and all officers, emplo University and/or Reg representatives, execu- or may have against the by reason of any and a	ia to keep certain Ur ia, hereby does relea yees and agents ther ents, from any and a tors, administrators of the aforesaid Universiall claims for bodily	ned borrowed for and in consideration on hiversity property on premises other that ise, hold and forever discharge the Universe of either in their individual capacities. Il claims and demands whatsoever white or any other persons acting on his/her bity and/or Regents or any or all of the a injury and property damaged including that said property is not lost or damaged	In those owned by the Reversity of California and/or by reason of their relation the undersigned user, ehalf or on the behalf of bove-mentioned persons loss of use thereof. The	egents of the for said Regents, ationships to said his/her heirs, his/her estate have or their successors, user further	
Insurance Coverage:		Department	Borrower		
BORROWER:			DATE:		
LENDING DEPT. C	HAIR	DATE:			
Eqmt. Mgmt.			Date:		
			Department-Copy Risk Management-Copy		