



**COLLEGE OF THE NORTH ATLANTIC
ASSET LOAN NOTE/SERVICE REMOVAL FORM**

ASSIGNED TO:

REASON:

LOCATION:

ASSET #:

SERIAL #:

DESCRIPTION:

ISSUING DEPT:

AUTHORIZED BY:

DATE ISSUED:

RETURNED:

BY RECEIVING THIS EQUIPMENT I ACCEPT RESPONSIBILITY FOR ITS SAFE RETURN
TO THE COLLEGE

PRINT NAME:

SIGNATURE:

DATE RETURNED:

RECEIVED BY:

Copies: (1) Attached to item (2) Campus (3) Campus when returned (4) Department