

# Texas Woman's University Property Transfer Form

*The undersigned hereby requests authorization to transfer the property listed below; and accepts full responsibility for the below listed items.*

\_\_\_\_\_  
Relinquishing Department or Program

\_\_\_\_\_  
Title and Name of Person Transferring Property

\_\_\_\_\_  
Receiving Department or Program

\_\_\_\_\_  
Title and Name of Person Responsible for Property

Date Property Will Be Transferred \_\_\_\_\_

Inventory Number	Description	Bldg Rm. Number	New Bldg Rm. Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\_\_\_\_\_  
Signature and Title of Department Head

\_\_\_\_\_  
Date