

1855 MARIKA ROAD, PO BOX 757360, FAIRBANKS, ALASKA 99775-7360

AUTHORIZATION TO ACQUIRE SURPLUS FORM

Please print name(s) of employee(s) authorized s Faculty, Staff, or Student.	to pick up surplus and indicate if employee
1.	
2.	
3.	
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10.	
11.	
12.	
Please Note: Faculty and Staff Members need only provide for Surplus List. Students must have written authorization Name of De	each and every time they pick up surplus.
Signature of Director/Department Head	Printed Name
Title	Date
For UAF Property	Office Use Only
Entered By:	Date: