



CLEARANCE FORM

ASSIGNEE INFORMATION	
◆ Name:	
◆ Badge No:	
◆ Job Title	
◆ Department:	
◆ Location:	
◆ Ext:	

ASSETS INFORMATION			
◆ CPU:	Model:	Serial No:	ITS No:
◆ Monitor:	Model:	Serial No:	ITS No:
◆ Printer:	Model:	Serial No:	ITS No:
◆ Laptop:	Model:	Serial No:	ITS No:
◆ Scanner:	Model:	Serial No:	ITS No:
◆ Others:			
◆ Remarks:			

This is certified that the equipments were verified by IT department and all is in good working condition.

Verify By: _____ Date: _____

Department Head: _____ Date: _____

Engr. Ali Al Hadwer
Manager,
IT Services Department
College of Medicine, KSAU-HS