

ALBERT EINSTEIN COLLEGE OF MEDICINE
Of Yeshiva University

AUTHORIZATION FOR REMOVAL OF PROPERTY
FROM COLLEGE PREMISES

This will authorize _____ of _____
Name of Individual Department

to remove _____
Description of Property

Serial # _____ and/or Inventory # _____

on _____ from the premises of the Albert Einstein College of Medicine.
Date

Authorized Departmental Supervisor
(Signature must be written)