

Asset Management – Vehicle Release Form

Department Information

Department Name:	School or Division:	Date:
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Vehicle Information

Vehicle Type:	
Year:	
Make:	
Model:	
Property Asset Tag No:	
VIN No/Serial No:	
Comments/Notes:	

Authorization

Department Administrator		
Department Property Coordinator Name:	Signature:	Date:
Department Administrator Approver Name	Signature:	Date:

To Be Completed by CPFM Fleet Management

Fleet Coordinator Name:	Signature:	Date:
Work Order Number:	Email:	Ext:
Comments/Notes:		

Office Use Only

Asset Management Comments/Notes:		
Name:	Signature:	Date: