**Request to Relocate Artwork**

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| **Purpose:** To maintain an accurate inventory and asset control of all artwork on the Waterbury and Danbury campuses. | | | | |
| **Instructions:** This form must be completed when requesting to relocate artwork. Once completed and approvals have been obtained, send form to Shawn DeFord in the Receiving Department, room C127. Questions should be directed to Shawn at sdeford@nv.edu or 203-575-8141. | | | | |
| Requester’s Name: | | | Department: | |
| Title: | | | Email: | |
| Contact person  in case of questions: | | | Telephone: | |
| **Artwork Details** | | | | |
| Title of Art Piece: |  | | | |
| Tracking Number: |  | | | |
| Description of Art: |  | | | |
| Reason for Request: |  | | | |
| **Location Details** | | | | |
| **Current location**  Department:  Room number: | | **Proposed new location**  Department:  Room number: | | |
| **Approvals** | | | | |
| Dean of Unit submitting request: | | | | Date: |
| President: | | | | Date: |