



**UNION COUNTY  
SCHOOL DISTRICT**

*Building The Future One Child At A Time*

**UNION COUNTY SCHOOL DISTRICT  
PERMANENT TRANSFER OF CAPITAL ASSET FORM  
(Transfer Asset for Greater than One (1) Year)**

Date: \_\_\_\_\_

To: Superintendent

From: \_\_\_\_\_

Name School Room No.

Re: Permanent Transfer of Capital Asset

Please transfer the following capital assets for which I am currently responsible to  
\_\_\_\_\_ in room number \_\_\_\_\_.

(Teacher/Employee)

Description	Serial Number	Tag Number

I transfer the above inventory items.

\_\_\_\_\_  
Teacher/Employee Signature

\_\_\_\_\_  
Date

I accept the responsibility for the above inventory items.

\_\_\_\_\_  
Teacher/Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Superintendent's Signature

\_\_\_\_\_  
Date