Dear Faculty/Staff member,

Please fill out the fields below that pertain to the university owned computer equipment you have at your home.

Name: ______________________

Department: _____________________

**CPU:**

NRC Tag ID: _______________

Manufacturer: ________________________________

Model No.: _______________________

Serial No.: _______________

Machine Type: _____Desktop _________Laptop

Processor Speed: _______________

RAM: ______________________(MB)

HD Size: ________________(GB)

CD Burner: _____YES _______NO

Operating System: _______________
MONITOR:

NRC Tag ID: ________________________
Manufacturer: _____________________
Model No.: _______________________
Serial No.: _______________________  

PRINTER:

NRC Tag ID: ________________________
Manufacturer: _____________________
Model No.: _______________________
Serial No.: _______________________