

EXHIBIT D

LOWNDES COUNTY PUBLIC SCHOOLS
Fixed Asset Change or Disposition Form

School Name: _____

Barcode #: _____

Item Description: _____

Serial #: _____

Model #: _____

**** **CHANGE REQUEST** ****

From _____ To _____

Present Location (school or classroom #)

New location (school or classroom #)

List Both Room Number and Bar Code ID Room Number, i.e., **Room 118/RM 549**

** **DISPOSITION REQUEST** **

WE ARE REQUESTING PERMISSION TO DISPOSE OF THE ABOVE ITEM BECAUSE:

	COMMENTS
() Item Scrapped Beyond Repair	
() Trade-In	
() Item is Missing/Has Been Stolen	
() Other	

Requestor's Signature: _____ / _____

Date

Principal/Director Signature: _____ / _____

Date

You have permission to change, dispose of, or remove the above item in the following manner:

Superintendent's Signature: _____ Date: _____

CENTRAL OFFICE USE

Revised May 2024