

CLEARANCE CHECKLIST FOR
DEPARTING ACADEMIC PERSONNEL

(THIS FORM IS TO BE COMPLETED BY ALL DEPARTING FACULTY)

Name of Departee _____

Department/College _____

Date of Departure _____

Remarks _____

Signatures below indicate clearance of all Library holdings, Bookstore indebtedness,
housing, traffic, of 1 (t)-est C St 2lnanalnae

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