**MARSHALL UNIVERSITY FORENSIC SCIENCE CENTER**

**EXTERNAL GROUPS AND AGENCIES**

**REQUEST TO USE FORENSIC SCIENCE RESOURCES**

**NOTE: Please provide a minimum of 6 weeks to obtain approval. Once approved, the group, organization, or agency may begin planning their event in cooperation with their MU Faculty Member’s oversight.**

**1. Who is your primary contact\* internal to MU Forensic Science Program?**

**\_\_Fenger \_\_Staton \_\_Rankin**

**\*Full-time Faculty Member Providing Event Oversight and Assistance**

**2. Person submitting this request and serving as point of contact for the requesting group:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **AGENCY** | **Point-of-Contact**  **Who is submitting the request?** | **E-mail Address** | **Office Phone#** | **Mobile Phone#** |
|  |  |  |  |  |

**3. Does the MUFSC have a working MOU or other formal outreach agreement with your**

**agency or group for such events? YES NO If YES, please attach or state the source of**

**this information.**

**4. Date(s), Time, & Facility/Room Requested:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date of Request** | **Time** | **Room(s)** | **Equipment** | **Other Needs for this event** |
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|  |  |  |  |  |

**5. Describe the Event:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Purpose of the Event** | **State who you believe will attend** | **State the expected # of participants** | **Are participants over 18 yrs of age?** | **State on-line/website link to the event** | **State any anticipated costs that will be incurred by the MUFSC** | **Do you need assistance with marketing your event or with news releases?** |
|  |  |  |  |  |  |  |

* **Please provide a DRAFT announcement**

**6. For any participant under 18 years of age, a“Hold Harmless Agreement” must be signed**

**prior to the initiation of the event(s).**

*Note: Hold Harmless Agreements must be signed by a parent or legal guardian for any*

*participant who is under 18 years of age. This agreement must be received*

*prior to the event and must be verified to match the participant sign-in sheet by the*

*Point of Contact.*

**7. Attendees List – Please provide the following information by the Conclusion of your event.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Job Title** | **Agency, Org, Firm** | **Address** | **Phone#** | **E-mail** | **Forensic, Legal, Law Enforcement Discipline** |
|  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |

**8. Will additional security be required for this event?**

**9. Will this event have any “special needs” requirements?**

**10. May we place this event in the “News” section of our website?**

[**http://www.marshall.edu/forensics**](http://www.marshall.edu/forensics)

**11. Other Comments or Information:**

**Please return this form to** [**staton1@marshall.edu**](mailto:staton1@marshall.edu) **6-weeks prior to your event or earlier. Once approved, your event will be placed on the MUFSC Calendar to facilitate your room and facility reservation.**

**When making requests, complete this form to the best of your ability. Submit it to:**

**Dr. Pamela Staton**

**Marshall University**

**1401 Forensic Science Drive**

**Huntington, WV 25701**

**Or**

[**staton1@marshall.edu**](mailto:staton1@marshall.edu)

**At the conclusion of the event, please submit the following:**

**1. Final Announcement with Meeting Agenda and Speaker List \_\_\_\_**

**2. Attendees List (SEE item #7 above) \_\_\_\_\_**

**<Proposal 7\_27\_2011ps>**